

**Correlation of MicroRNA Expressions with Mutated and  
Unmutated IgV<sub>H</sub> Gene Groups in Chronic Lymphocytic Leukemia**

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In the Division of Biomedical Engineering  
University of Saskatchewan  
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By

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## ABSTRACT

B-cell chronic lymphocytic leukemia is the most common leukemia in the adult population of Western developed countries. In 2005, an estimated 9,730 adults in the United States will be diagnosed with B-CLL and an estimated 4,600 deaths will occur. B-CLL is a common heterogeneous malignant disease with variable outcome. B-CLL is divided into two groups based on whether somatic hypermutation is observed in the variable region of the immunoglobulin heavy-chain locus (IgV<sub>H</sub>). The two distinct groups are named mutated and unmutated. The B-CLL mutated group has a more favorable prognosis than the unmutated group.

Gene expression profiling has been used successfully to decipher the biological and clinical diversity of many leukemias and lymphomas. Recently, other small RNAs (microRNAs) have been shown to be important in hematopoiesis. MicroRNAs are small 20-28 nucleotide RNAs that are believed to control many important cellular and developmental processes by posttranscriptional gene silencing, translational repression, and modulating epigenetic events.

We are interested in whether microRNA expression correlates with the mutational status of IgV<sub>H</sub>. This study is significant in the following ways: (1) microRNAs may become surrogate markers for the mutational status of IgV<sub>H</sub> of B-CLL, which implies a more rapid diagnostic means as compared to the current practice, and (2) microRNAs,

in the particular context of B-CLL, may play some significant roles in a gene regulatory network that is further responsible for chromosomal abnormalities found in B-CLL.

This thesis presents a study comparing microRNA expression in mutated and unmutated B-CLL groups. Instead of using a genome-wide expression profiling strategy, we selected a specific set of microRNAs based on their chromosome locations and mRNA targets. Specifically, we chose the following eight microRNAs (with their chromosomal abnormalities): **mir16-1** (deletion 13), **let-7i** (trisomy 12), **mir196-2** (trisomy 12), **mir26a-2** (trisomy 12), **mir-34b** (deletion 11), **mir-125b** (deletion 11), **mir-181c** (trisomy 19), **mir-125a** (trisomy 19). We used solution hybridization assays to monitor the expression of microRNAs. We successfully characterized the microRNA expression in twelve B-CLL patient samples (eight mutated and four unmutated). Among the eight microRNAs examined, three (**mir196-2**, **mir-125a**, **mir-125b**) are not expressed in the two B-CLL groups, four (**mir16-1**, **mir26a-2**, **let-7i**, **mir-34b**) have significant differences in expressions over the two groups, and one (**mir-181c**) has no significant difference in expressions over the two groups.

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**Dedicated to my Dad, Mum and Sister**

I wish to thank and dedicate this thesis to the members of my family. I cannot complete my studies without their love and support. To my Mom, Caiying Hu, for her never-ending love, to my Dad, Qingyuan Zou, for his confidence and faith in me, for my dear sister, for her encourage and selfless support.

Saskatoon, Saskatchewan

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## LIST OF ABBREVIATIONS

BLAST	Basic Local Alignment Search Tool
cDNA	Complementary DNA
CDR	Complementarity-Determining Region
CLL	Chronic Lymphocytic Leukemia
DMSO	Dimethyl Sulphoxide
EDTA	ethylenediaminetetraacetic
FCS	Fetal Calf Serum
FISH	Fluorescence <i>In Situ</i> Hybridization
FR	Framework Region
GC	Germinal Centre
GLB	Gel Loading Buffer
IgV <sub>H</sub>	Immunoglobulin Gene Variable Region Heavy Chain
miRNA	micro-RNA
mRNA	Messenger RNA
PBS	Phosphate-Buffered Saline
pre-miRNA	Pre-microRNA
pri-miRNA	Primary microRNA
ref	Relative Centrifugal Force
RISC	RNA Induced Silencing Complex
RNPs	Ribonucleoproteins

RNAi	RNA Interference
rpm	Rotation per Minute
RT-PCR	Reverse Transcription Polymerase Chain Reaction
SAS	Statistical Analysis Software
TBE	Tris Base, Boric Acid, EDTA

# **CHAPTER 1**

## **INTRODUCTION**

### **1.1 Chronic Lymphocytic Leukemia**

Chronic lymphocytic leukemia (CLL) is the most common form of adult leukemia in the Western world (Döhner et al., 2000). CLL is divided into classes, B-CLL and T-CLL, based on their cell of origin (B-lymphoid cell or T-lymphoid cell). Ninety-five percent of CLL cases in North America are B-CLL (Matutes and Catovsky, 1993), and therefore this class of CLL is the focus of this thesis. Patients with B-CLL usually have a gradual onset of symptoms and signs that are related to anemia, infection, and thrombocytopenia (Rozman and Montserrat, 1995). Blood tests showing lymphocytosis are usually the initial sign of B-CLL. Morphology of blood films and flow cytometry are the main methods used for a definitive B-CLL diagnosis. The average onset of B-CLL is 64 years. The outcomes of patients with B-CLL, however, are variable (Cheson et al., 1996). Patients can be grouped based on retrospective outcome studies into two categories; patients with good response to

therapy and long term survival and patients with poor response to therapy and progression to death (Cheson et al., 1996).

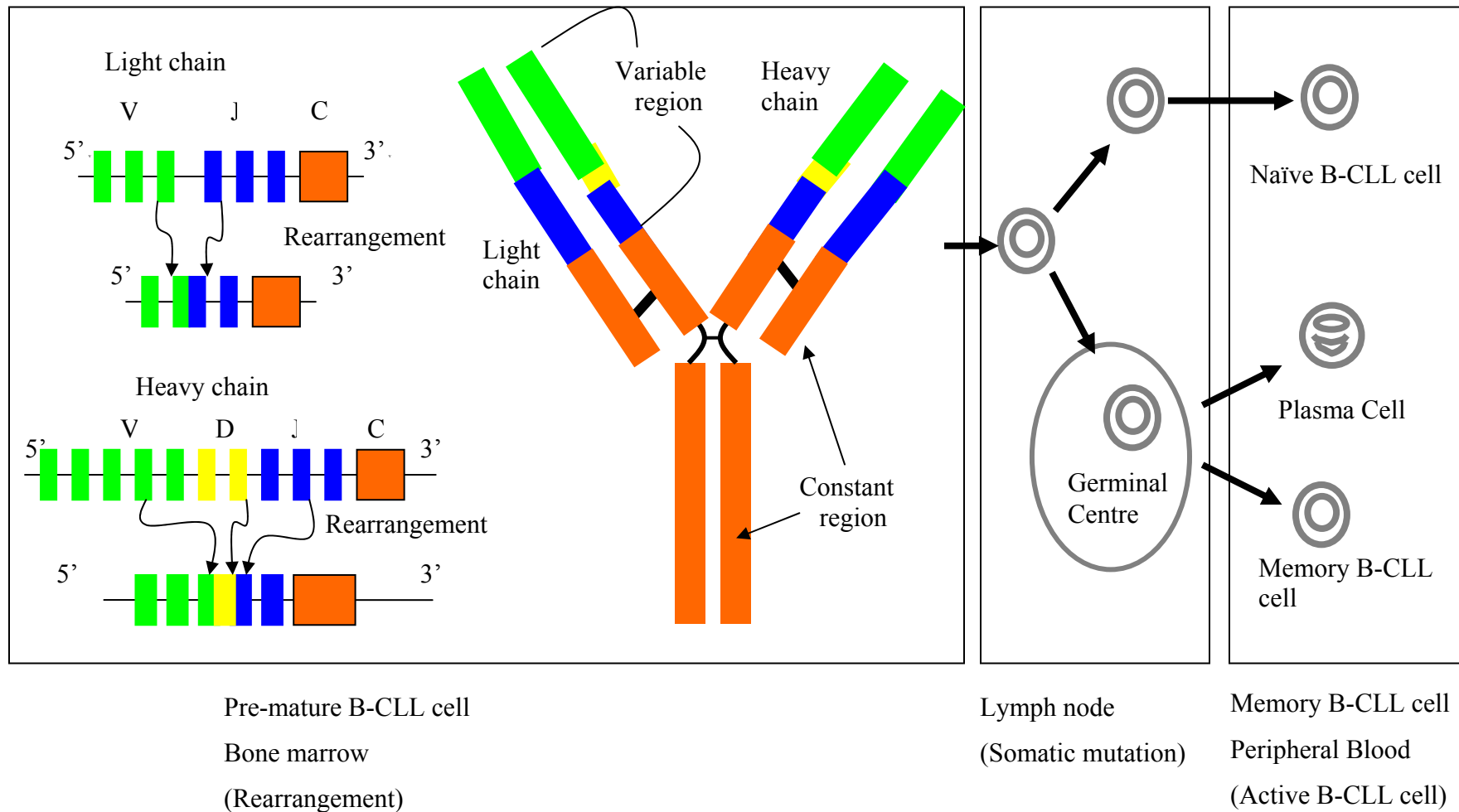
At the cellular level, B-CLL cells are monoclonal B-cells that express mature B-cell markers (CD23 and CD5) and that have weak expression of surface immunoglobulins. B-CLL cells have a prolonged life span compared to normal lymphocytes (Lagneaux et al., 1998). B-CLL cells are more resistant to apoptosis, but they do not differ significantly in their rate of cell cycling compared to normal lymphocytes. The gene expression pattern of B-CLL cells suggests that they are related to memory or naïve B-lymphocytes (Küppers et al., 1999).

The clinical course of B-CLL varies considerably. Approximately one third of patients never require treatment and die from causes unrelated to B-CLL. Another one third of patients go through an initial indolent phase that is followed by progression of the disease. The remaining one third of patients have an aggressive disease at the onset and need immediate treatment (Schroeder et al., 1994).

Biological markers for individual prognosis and prospective studies are important for patient treatment and management. Initial efforts to sub-classify B-CLL into distinct groups are based on the following criteria: (i) whether the variable region of the immunoglobulin heavy-chain locus (IgV<sub>H</sub>) has undergone somatic mutation, and (ii) whether there is expression of CD38 on the cell surface. Several studies have shown that a more favorable prognosis is associated with B-CLL cells that



have undergone somatic mutation and have low CD38 expression (Damle et al., 1999). B-CLL is commonly divided into two groups based on whether the B-CLL cells have undergone somatic mutation (**Figure 1.1**). Somatic mutation is quantified by measuring the DNA sequence differences between an expressed Ig heavy chain variable (V) region gene (IgV<sub>H</sub>) and its corresponding germline DNA sequence. When differences between the IgV<sub>H</sub> and germline DNA are greater than 2 %, then the IgV<sub>H</sub> is defined as having undergone somatic mutation (Fais et al., 1998).



**Figure 1.1. Pathogenesis pathway of B-CLL cells.** B-cells develop and mature in bone marrow. The immunoglobulin (Ig) heavy chain variable regions of B-cells are encoded in three gene segments:  $V_H$ ,  $D_H$  and  $J_H$ . The immunoglobulin light chain variable regions of B-cells are encoded in two gene segments:  $V_L$  and  $J_L$ . Heavy chain and light chain genes undergo rearrangements during B-cells development. Mature B-cells are referred to as naïve B-cells. If naïve B-CLL cells go through germinal centre, they undergo somatic hypermutation and function as memory lymphocyte, mutated B-CLL cells; otherwise they are unmutated naïve B-CLL cells.

## 1.2 Prognosis and Biological Cause of B-CLL: A Brief Survey

The development of two different staging systems by Rai et al. (1975) and Binet et al. (1981) made it possible to divide patients with B-CLL into three prognostic groups: good, intermediate, and poor. This division is based on the following signs: lymphocytosis, splenomegaly, lymphadenopathy anemia, thrombocytopenia, and organomegaly. These staging systems do not correspond well with each other. Neither staging system enables physicians to accurately predict which patients in the good-prognosis group will eventually have progressive disease.

Serum levels of  $\beta$ -2-microglobulin, lactate dehydrogenase (Han et al., 1989), soluble CD23 (B-cell membrane protein), and thymidine kinase (Hallek et al., 1999) can help predict disease prognosis. Recent studies found that cytogenetic abnormalities, such as deletions in chromosome 13q14, 11q6 (Stilgenbauer et al., 2000), or somatic mutations in their immunoglobulin heavy-chain genes (Damle et al., 1999), are better predictors of rapid progression and survival. Mutational status of a patient's IgV<sub>H</sub> gene is not a routine clinical test due to the cost and complexity. Therefore, many current studies are focused on finding surrogate markers that are independent of or correlated with IgV<sub>H</sub> mutational status and can be used to predict disease progression, survival, and treatment. **Table 1.1** lists current markers that are used for B-CLL prognosis, including the Rai and Binet systems and serum level of  $\beta$ -2-microglobulin. Other markers in listed in **Table 1.1** are discussed below.

**Table 1.1. Current Prognostic Markers**

Staging System or Marker	Clinical Practice	Clinical Trail
Staging(Rai or Binet)	Yes	Yes
$\beta$ -2-microglobulin	Yes	Yes
Cytogenetics by FISH	Yes	Yes
CD38 status	Yes	Yes
IgV <sub>H</sub> mutational status	No	Yes
ZAP-70	Not available	Yes
Thymidine Kinase	No	Yes

Expression of CD38 and ZAP-70 correlates with the presence of unmutated IgV<sub>H</sub> genes and an unfavorable clinical outcome (Damle et al., (1999) and Durig et al., (2003)). However, the expression of CD38 and ZAP-70 in both mutated and unmutated B-CLL cells indicates lack of efficacy as a surrogate to classify the mutated and unmutated B-CLL subgroups (Thunberg et al., 2001; Brian et al., 2003)

Genomic aberrations in B-CLL cells are important independent predictors for B-CLL progression and survival. These findings have implications for designing risk-adapted treatment strategies (Döhner et al., 2000). A recent cytogenetic study on B-CLL analyzed survival in relation to chromosomal abnormalities detected using fluorescence *in situ* hybridization (FISH) (Gozzetti et al., 2004). Importantly, this study classified B-CLL into five groups based on the following karyotypes; 17p deletion, 11q deletion, 12q trisomy, normal karyotype, and 13q deletion. The median survival time was correlated with each karyotype. B-CLL disease duration correlated 17p and 13q deletions. 17p showed the shortest survival time (32 months). 13q deletion had longest survival time (133 months). The genomic regions, affected by chromosomal deletions,

amplifications, and less frequently by translocations, still contain unknown tumor suppressor genes and oncogenes.

IgV<sub>H</sub> mutation status and the pattern of genomic aberrations have a high predictive value for disease progression and survival in B-CLL patients. However, there are discrepancies in the literature with respect to correlations between genomic aberrations and mutational status of IgV<sub>H</sub> genes. For example, B-CLL patients with 13q deletion have a long survival time, however, Kröber et al., (2000) reported that almost half of unmutated B-CLL cases exhibited 13q deletion. This lack of correlation between 13q and mutated B-CLL patients suggests that inactivation of an unknown tumor suppressor in 13q may be important in both unmutated and mutated B-CLL cases. However, correlations between B-CLL mutation status and genomic aberrations are reported by Carsten et al., (2003). In these studies, the favorable prognostic abnormality (13q deletion) is significantly more frequent in the mutated B-CLL group; whereas the prognostic unfavorable abnormalities (17p and 11q deletions) are almost exclusively found in the unmutated B-CLL group. Further, within the unmutated B-CLL group, patients with high-risk genomic aberrations, as defined by 17p and/or 11q deletion, have a significantly inferior survival probability (Ivan and Ian, 2003). Thus, the IgV<sub>H</sub> mutational status and genomic aberration likely give complementary prognostic information.

Recently, genomic approaches have been used to classify B-CLL. In 2001, Rosenwald et al., used lymphochip cDNA microarrays containing 17,856 human cDNAs to profile gene expression in B-CLL samples. They found that the expression of hundreds of other

genes correlated with the IgV<sub>H</sub> mutational status in B-CLL, providing insights into the biological mechanisms that lead to the divergent clinical behaviors of B-CLL patients (Rosenwald et al., 2001).

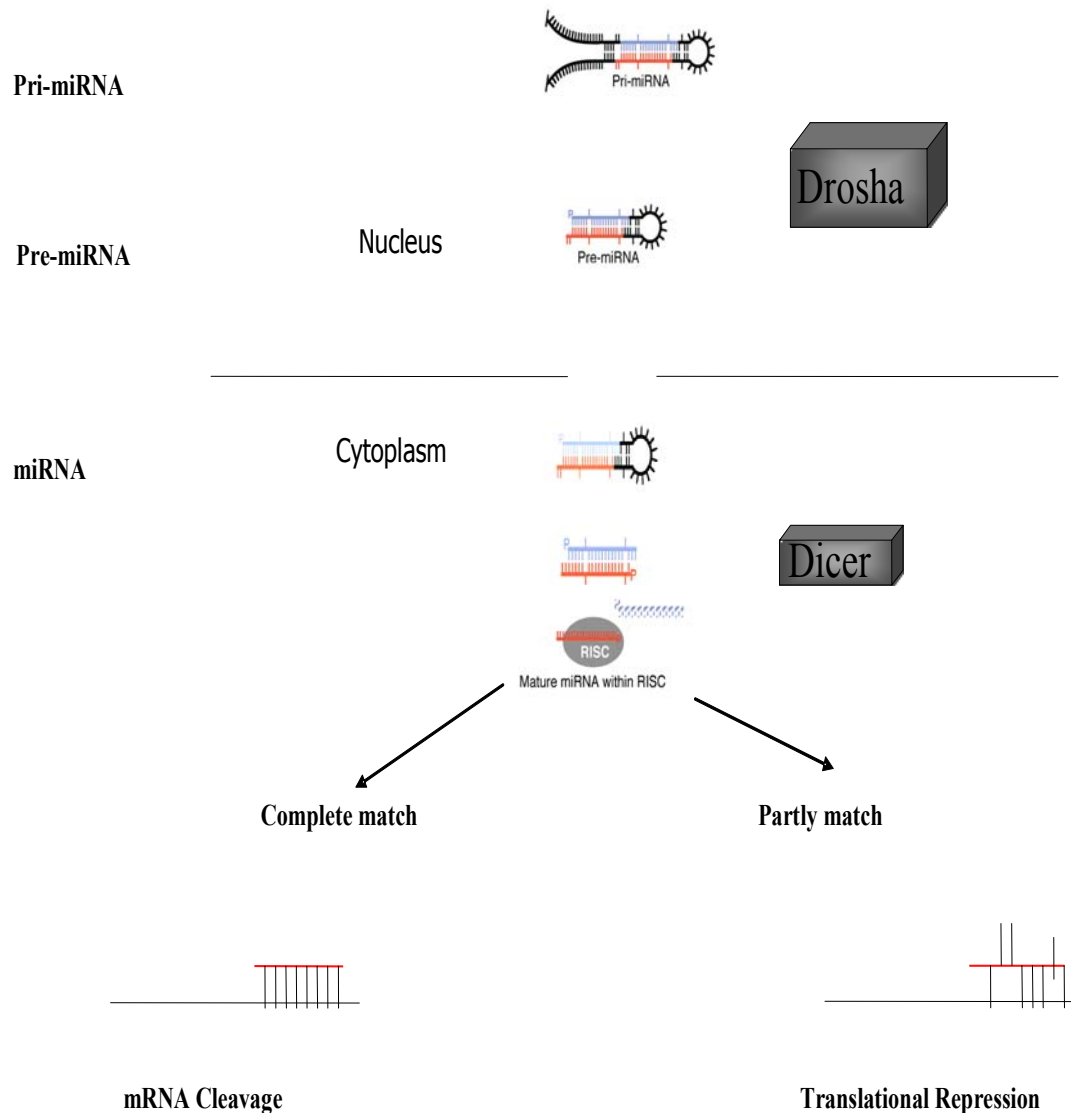
More recently, Calin et al., (2004) used microRNAs (miRNA) microarrays to profile the miRNA expression in B-CLL patients. They found low level expression of mir-16-1 in B-CLL patients harboring deletions at 13q14. They also found a distinct B-CLL miRNA signature composed of five differentially expressed miRNAs (mir-186, mir-132, mir-16-1, mir-102, and mir-29C) that distinguished mutated and unmutated B-CLL groups.

### **1.3 microRNAs**

miRNAs are endogenous 21-24 nucleotide (nt) RNAs that mediate post-transcriptional gene regulation by pairing with the 3' untranslated region of messenger RNAs (mRNA) and repress translation (Moss, 2003). miRNAs are found in mammals, fish, worms, flies, yeast and viruses (Mourelates et al., 2002; Ambros et al., 2003; Aravin et al., 2003; Dostie et al., 2003; Kim et al., 2003). Recent reports suggest a role for miRNAs in development, cell differentiation, apoptosis, and cancer (Baehrecke, 2003; Bartel, 2004; Calin et al., 2004).

miRNA expression in animals involves at least two processing steps (Lee et al., 2002). miRNA precursors are expressed as long primary transcripts (60-110 nt), called the primary microRNA (pri-miRNA), which may be polycistronic. pri-miRNAs are

processed in the nucleus (Lee et al., 2002) by the nuclease Drosha, which yields one or more hairpin precursor sequences (pre-miRNAs or stRNA, small temporal RNA). Pre-miRNAs are exported to the cytoplasm by means of the Exportin-5 pathway (Lund et al., 2004). Cytoplasmic pre-miRNAs are processed by the nuclease Dicer. One strand from the RNA duplex is complexed with a protein complex containing argonaute 2, Gemin3, and Gemin4 and the remaining strand is degraded (Lund et al., 2004). The ribonucleoproteins complexes are classified as RNA induced silencing complexes (RISC). RISC causes either target mRNA degradation or translation repression (**Figure 1.2**) (Schwarz and Zamore, 2002). Nelson et al., (2003) suggested the term RISC/miRNP endonuclease for the catalytic activity of RISC and miRNPs, since miRNAs with extensive sequence complementarity to their mRNA targets can trigger RNA interference (RNAi) (Andrea and Peter, 2004). If a miRNA is completely complementary to its target mRNA, degradation of this mRNA will occur. If a miRNA is partially complementary to its target mRNA, then translation of this mRNA will be inhibited.



**Figure 1.2. The development of the mature miRNAs (Bartel, 2004).** Pri-miRNAs are cleaved by Drosha in the nucleus yielding smaller pre-miRNAs. pre-miRNAs are transported to the cytoplasm, where Dicer, a member of the RNase III nuclease family, further processes them to yield mature miRNAs. miRNAs associate with RNA induced silencing complex (RISC), which affects the silencing of target mRNA molecules. If a miRNA is complementary to its target mRNA, degradation of this mRNA will occur. If a miRNA is partially complementary to its target mRNA, then translation of this mRNA will be inhibited.



### **1.3.1 miRNAs and Hematopoietic Cancers**

miRNAs play important regulatory roles in animal and plant development at the post-transcriptional level. Many miRNAs cloned from mouse bone marrow cells are differentially regulated in various hematopoietic lineages, suggesting that they might influence hematopoietic lineage differentiation (Chen and Lodish, 2005). For example, mir-181, a miRNA specifically expressed in B-cells within mouse bone marrow, promotes B-cell differentiation when expressed in hematopoietic stem/progenitor cells. Some human miRNAs are associated with leukemias (Calin et al., 2002). mir-15a/mir-16 locus is frequently deleted or down-regulated in B-CLL patients and mir-142 is at a translocation site found in a case of aggressive B-cell leukemia. Collectively, these results indicate that miRNAs may be important regulators of mammalian hematopoiesis.

### **1.3.2 miRNAs and Cancer-Associated Genomic Aberrations**

Many miRNAs are located at sites of cancer associated chromosomal aberrations. For example, the homozygous deletions of mir-15a and mir-16a cluster associate with aberration of deletion 13q14 in B-CLL (Calin et al., 2002). miRNAs that are located in the bands of chromosomal aberrations should predict low risk and high risk groups of B-CLL patients. Using microRNA microarrays, Calin et al. (2004) reported low level expression of mir-16-1 in leukemia harboring deletions at 13q14 ( $P=0.03$ , ANOVA), a chromosomal aberrations associated with prognosis of B-CLL. They also found a distinct miRNA signature composed of five differentially expressed miRNAs (mir-186,

mir-132, mir-16-1, mir-102, and mir-29C) that distinguished mutated and unmutated B-CLLs. mir-16-1 and mir-132, are associated with B-CLL chromosomal aberrations d13q14 and d17p13.3, respectively. Michael et al., found that the mir-143 and mir-145 miRNA cluster is located at fragile sites in genomic regions. The expression of this miRNA cluster is down-regulated in colon cancers (Michael et al., 2003).

#### **1.4 Hypothesis**

The main hypotheses of this thesis are that the miRNAs have significant differences in expression between mutated and unmutated B-CLL patient groups and that miRNAs located in genomic regions that are associated with B-CLL aberrations are useful for classifying B-CLL.

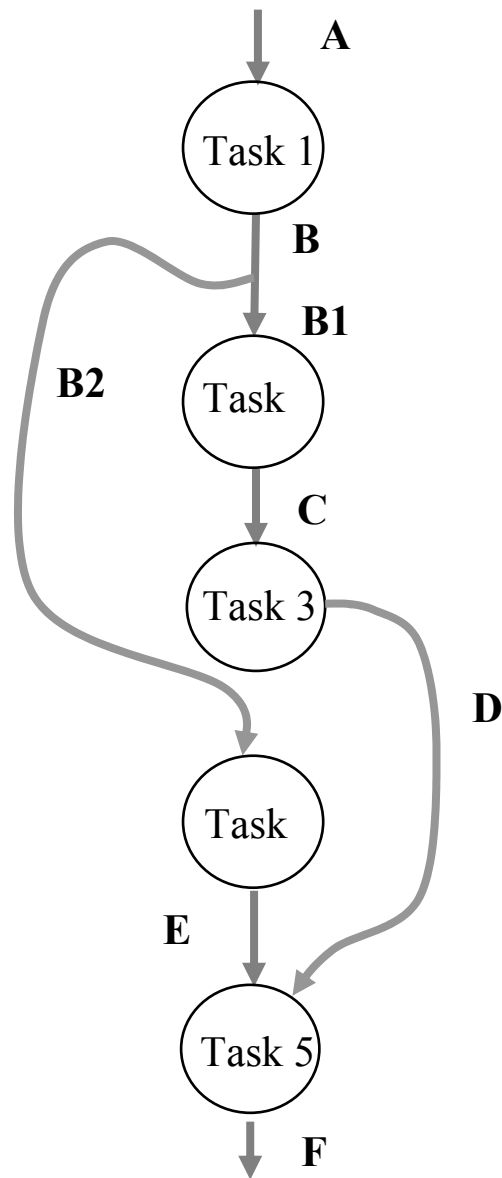
#### **1.5 Specific Aims**

We pursued the following specific aims to test our hypotheses. First, we identified miRNAs located at chromosomal aberrations sites associated with B-CLL. Second, we collected a set of peripheral blood samples from B-CLL patients and determined their mutational status. Third, we monitored the expression of a limited set of miRNAs in B-CLL patient material. Fourth, we correlated miRNA expression with mutational status.

## CHAPTER 2

### Materials and Methods

We performed the following tasks to compare the miRNA expression between mutated and unmutated B-CLL groups. In Task 1, we obtained B-CLL cells from patients. In Task 2, we obtained total RNA and cDNAs from B-CLL cells. In Task 3, we classified the mutational status of patients and divided them into mutated and unmutated B-CLL groups. In Task 4, we quantified miRNA expression levels. In Task 5, we analyzed the significant differences in miRNA expressions in the mutated and unmutated B-CLL groups. **Figure 2.1** shows a relationship among these tasks and highlights their inputs and outputs. The details of these tasks are presented below.



**Figure 2.1.** Relationship among task inputs and outputs. **A:** Peripheral Blood; **B:** Total B-cells. ( $B=B1+B2$ ); **C:** IgV<sub>H</sub> Gene Sequence; **D:** Mutational Status; **E:** miRNA; **F:** miRNA Expression Level.

## 2.1 Task 1: Collection of B-CLL Samples

### 2.1.1 Collection of Patient Material

We obtained thirty patient peripheral blood samples with the consent of patients diagnosed with B-CLL at the Royal University Hospital, Saskatoon, Saskatchewan. We chose patient samples for further analysis based on the percentage of white blood cell count ( $>5000/\text{mm}^3$ ), and the percentage of B-cells in the white blood cells ( $> 95\%$ ). We confirmed the B-CLL patient diagnosis using morphologic and immunophenotypic criteria. All B-CLL samples in this study were collected before any therapy was given.

### **2.1.2 Isolation of B-CLL cells**

We used the following procedure to obtain B-CLL cells. We diluted anti-coagulated blood cells to a final volume of 30 ml in 1×phosphate-buffered saline (PBS). We layered the diluted anti-coagulated blood cells onto 9 ml of Ficoll Paque. We centrifuged the sample at 400 g for 20 minutes at room temperature. We discarded the upper layer of plasma and transferred the mononuclear layer to a 15 ml tube. We diluted the mononuclear layer with 1×PBS to a final volume of 10 ml. We centrifuged the diluted mononuclear cells at 400 g for 5 minutes at room temperature. We decanted the supernatant and re-suspend the cells in 10 ml of PBS. We removed 30  $\mu\text{l}$  of cells and counted the cells by staining them with same volume of trypan blue. We washed the cells an additional two times using the same procedure described above. We re-suspended the final cell pellet at a concentration of  $1 \times 10^7$  cell/ml in 10 % DMSO (Dimethyl Sulphoxide) and 40 % FCS (Fetal Calf Serum) and stored the cells at  $-80^\circ\text{C}$ .

## **2.2 Task 2: RNA Isolation, cDNA Synthesis, Amplification of IgV<sub>H</sub> DNA, and DNA Sequencing**

### **2.2.1 RNA Isolation**

We used the following protocol to isolate total cellular RNAs from frozen B-CLL cells. We thawed the frozen cells, pelleted them by centrifugation, and re-suspended them in Trizol reagent ( $1 \times 10^7$  cells per ml Trizol reagent). We lysed the cells by vortexing them for 1 minute at room temperature. We added 0.2 ml of BCP (1-Bromo-3-Chloro-Propane) to each milliliter of lysed cells in Trizol reagent. We vortexed the mixture for 15 seconds and incubated it at room temperature for 2-3 minutes. We centrifuged the mixture for 15 minutes at 4 °C at 12000 g. We transferred the aqueous phase to a fresh tube and added 0.5 ml isopropyl alcohol per milliliter of Trizol reagent to precipitate RNA. We incubated the mixture (the aqueous phase with isopropyl) at room temperature for 10 minutes and centrifuged it for 10 minutes at 4 °C at 12000 g. We discarded the supernatant and washed the RNA pellet in 0.5 ml of 75 % ethanol. We vortexed the mixture and centrifuged it at 7500 g at 4 °C for 5 minutes. We discarded the ethanol supernatant and air-dried the pellet for 10-15 minutes. We dissolved the pellet in the RNase-free water ( $\sim 25 \mu\text{l}$ ). We determined the concentration of the isolated RNA using an UV spectrometer at an OD (Optical Density) of 260 and 280 nm.

### **2.2.2 cDNA Synthesis**

We added 1  $\mu\text{g}$  total RNA to a 20  $\mu\text{l}$  reaction containing: 50  $\mu\text{mol}$  of random hexamer primers (PE, Foster City, CA), 200 U of Super Script II, First Strand Buffer (50 mM Tris-HCl, pH 8.3, 75 mM KCl, 3 mM  $\text{MgCl}_2$ ), 10 mM of DTT, 20 U of RNase inhibitor, and 0.5 mM of each dNTP (GIBCO BRL, Gaithersburg, MD). We incubated

the reaction mixture for 10 minutes at 21 °C and then for 30 minutes at 42 °C, using a GeneAmp System 2400 (PE, Foster City, CA), to produce the cDNA. We heated reaction mixture at 95 °C for 5 minutes to inactivate the Super Script II reverse transcriptase.

### **2.2.3 Polymerase Chain Reaction (PCR) Amplification of IgV<sub>H</sub> cDNA**

We amplified 1 µl of cDNA using GeneAmp System 2400 (PE, Foster City, CA) using the following 50 µl PCR reaction: PCR buffer (10 mM Tris-HCl, pH 8.3, 50 mM KCl), 1.5 mM MgCl<sub>2</sub> (for VHL1, VHL3, and VHL5) or 2.0 mM MgCl<sub>2</sub> (for VHL2, VHL4, and VHL6), 0.2 mM of each dNTP, and 1.25 U Hotstar polymerase (Hot Star Qiagen). We added 50 pmol of downstream primer corresponding to a consensus sequence (J<sub>H</sub>, 5'- ACCTGAGGAGACGGTGACC-3') at the end of the J-region with 50 pmol of one of the following upstream primer corresponding to 1 of the 6 human V<sub>H</sub> leader sequences:

VHL1, 5'- CCATGGACTGGACCTGGAGG- 3';

VHL2, 5'-ATGGACATACTTTGTTCCAGC-3';

VHL3, 5'-CCATGGAGTTTGGGCTGAGC-3';

VHL4, 5'-ATGAAACACCTGTGGTTCTT-3';

VHL5, 5'-ATGGGGTCAACCGCCATCCT-3';

VHL6, 5'-ATGTCTGTCT CCTTCCTCAT-3',

We performed one cycle of amplification by pre-activating “hotstar” DNA polymerase at 95 °C for 20 minutes, annealing the primers at 65 °C for 4 minutes, and extending the primers at 72°C for 1 minute. Then, we performed 40 cycles of amplification at the

following settings: 95 °C for 1 minute, 61 °C for 30 seconds, and 72 °C for 1 minute. Finally, we incubated the PCR reaction mixture at 72 °C for 6 minutes to produce the final PCR product. We analyzed the PCR product on a 2 % agarose gel stained with ethidium bromide and visualized the PCR product by exposing it with a UV Transilluminator (Bio-Rad Inc). We stored the PCR product at -20 °C.

#### **2.2.4 Sequencing of IgV<sub>H</sub> Regions**

We determined the concentration of PCR products by running them together with a standard marker on a 2 % agarose gel stained with ethidium bromide. Based on the intensity of the PCR product relative to the standard pre-made marker, we determined the concentration of individual PCR-products. We sequenced the PCR-products (1 µg/each) using ABI PRISM: 310 Genetic Analyzer.

### **2.3 Task 3: Classification of IgV<sub>H</sub> Mutational Status of Patient Samples**

We classified B-CLL cells into mutated and unmutated groups based on the mutational status of the IgV<sub>H</sub> region. We calculated the mutational status by comparing the patient IgV<sub>H</sub> gene sequence to its corresponding germline sequence. If the IgV<sub>H</sub> gene sequence differs from the germline sequence by > 2 %, then we classify the B-CLL as mutated. The reliability of this approach can be enhanced with an approach proposed by Lossos et al. called “antigen selection”. Details of these two approaches are given below (Lossos et al., 2000).



### **2.3.1 Comparing Patient IgV<sub>H</sub> sequence to Germline Sequence**

We aligned patient IgV<sub>H</sub> gene sequences to immunoglobulin germline gene sequences that we obtained from the Immunoglobulin Basic Local Alignment Search Tool (Ig BLAST) database (<http://www.ncbi.nlm.nih.gov/igblast/>) (National Center for Biotechnology Information, Bethesda, MD). Ig BLAST program identifies the IgV<sub>H</sub> germline sequence that is most similar to the patient IgV<sub>H</sub> sequence. When the patient IgV<sub>H</sub> differs from the germline IgV<sub>H</sub> sequence by more than 2 %, then B-CLL cells are classified as mutated. If the patient IgV<sub>H</sub> differs from the germline IgV<sub>H</sub> sequence by less than 2 %, then B-CLL cells are unmutated B-CLL.

### **2.3.2 Antigen Selection of B-CLL Cells**

Lossos et al., (2000) developed an algorithm to calculate the probability that a B-Cell has undergone antigen selection (<http://www-stat.stanford.edu/immunoglobulin>). The method used to predict whether antigen selection of Ig genes has occurred is based on assessing replacement (R) and silent (S) mutation in the complementary-determining regions (CDR) and framework regions (FR). Replacement mutation is a point mutation in a codon that causes a different amino acid to occur in the protein. Silent mutation is a point mutation in a codon, which due to the degeneracy of the genetic code, results in the same amino acid in the protein. The distribution of replacement (R) mutations and silent (S) mutations within the CDRs and framework regions (FRs) is used to determine whether the antigen selection occurs. If a more R mutations than S mutations occur in the complementary-determining region (CDR) than in the framework region (FR), then

the antigen selection is predicted to have occurred. During antigen selection, somatic mutation occurs, which is predicted to give rise to the mutated B-CLL group.

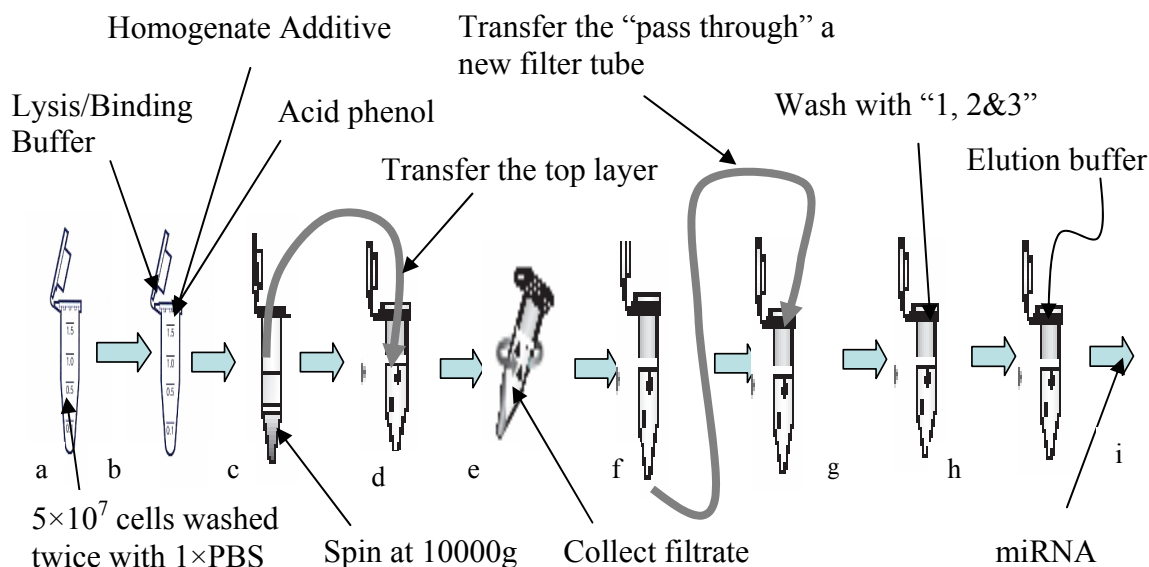
To calculate the probability that a B-CLL cell has undergone antigen selection using Lossos' algorithm, the following information is needed. First the germline sequence for the IgV<sub>H</sub> region is obtained from <http://www.ncbi.nlm.nih.gov/igblast>. Second, the germline sequence is divided into FR1, FR2, FR3, CDR1, and CDR2 regions. Third, the numbers of R and S mutations in these regions are calculated. This information is used to obtain P-values for whether antigen selection has occurred.

## **2.4 Task 4: miRNA Isolation, miRNA Probe Construction, and miRNA Detection**

### **2.4.1 miRNA Isolation**

We used  $5 \times 10^7$  frozen patient B-CLL cells to isolate miRNA using *mirVana*<sup>TM</sup> miRNA Isolation Kit 1560 (Ambion). The specific details of the isolation protocol are described in the *mirVana*<sup>TM</sup> miRNA Isolation Kit 1560 manual. The basic concepts behind the miRNA isolation protocol are as follows. The first step in miRNA isolation is to disrupt B-CLL cells in denaturing lysis buffer. The second step is to subject the samples to an Acid-Phenol:Chloroform extraction, which removes most of the protein and DNA from the sample (Chirgwin et al., 1979). The third step is to enrich the sample for small RNAs. To do this, large RNAs are removed from the sample by immobilizing them on a glass filter. Large RNAs are bound to the glass filter when they are applied to the glass filter in a solution containing a low concentration of ethanol (25 %).

Smaller RNAs do not bind to the glass filter at this ethanol concentration. Small RNAs can be isolated by the glass filter by increasing the ethanol concentration to 55 %. The detailed procedure for the isolation is described as follows (see also **Figure 2.2**)



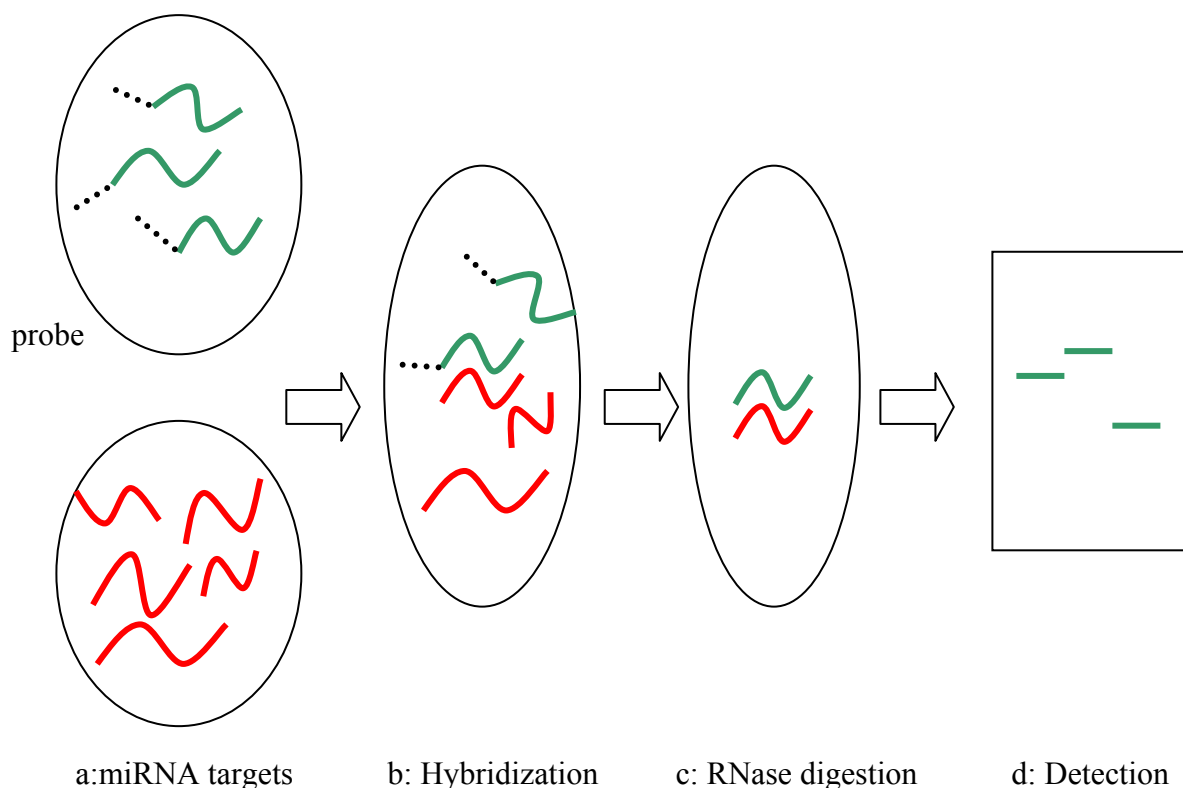
**Figure 2.2.** The isolation process for miRNA. After the cells were washed and pelleted (a), the first step is to disrupt B-CLL cells in denaturing lysis/binding buffer which is provide in kits, then the samples were subjected to an Acid-Phenol:Chloroform extraction to removes most of the protein and DNA from the sample (b). The aqueous phase was transferred to a fresh tube and the volume of the transferred aqueous phase was recorded (c). 1/3 volume of the 100% ethanol was added to the RNA product (d), then centrifuge the mixture to pass through a filter cartridge (e), first filter cartridge, and collected the filtrate, and record the volume of filtrate (f). 2/3 volume of the 100% ethanol was added to the filtrate, then transfer the mixture into a second filter cartridge and centrifuged (g). After washed with wash solution 1, 2 & 3 that are provide in kits (h), elute the small RNA from the filter (i).

We measured the small RNA concentration using a smartspec<sup>TM</sup> 3000 UV spectrometer (Bio-Rad Inc). We analyzed 0.25  $\mu$ g of small RNAs on a 15 % polyacrylamide gel (together with 0.25  $\mu$ g mir-16) and visualized the RNA by staining with cyberGold (Molecular Probes Inc) and monitoring fluorescence using an UV Transilluminator (Bio-Rad Inc). We normalized the small RNA concentrations from different patient

samples using a common RNA (usually the 5.8S ribosomal RNA). We chose one patient sample as the standard to normalize all patient samples against. The recovered small RNAs are stored at  $-80^{\circ}\text{C}$  until further analysis.

#### **2.4.2 Solution Hybridization Assay to Detect miRNA**

We used the solution hybridization assay developed by Ambion (mirVana miRNA detection kit) to detect specific miRNAs present in the patient samples. The specific details of the isolation protocol are described in the (mirVana miRNA detection kit) manual. The basic concepts behind the miRNA isolation protocol are summarized in **Figure 2.3**. miRNAs are detected in small RNA patient samples by hybridizing specific miRNAs to a radiolabeled antisense RNA probe. Unhybridized probes and miRNA are then removed from the sample by a ribonuclease digestion. Double-stranded radiolabeled probes that are protected from RNase digestion are purified and detected using a denaturing polyacrylamide gel.



**Figure 2.3.** Solution Hybridization Assay. miRNAs in small RNA patient samples are detected by hybridizing with a specific radiolabeled antisense RNA probe. (a) miRNA probe is mixed with the sample RNAs. (b) The miRNAs are hybridized to their complementary probes. (c) The mixture is treated with RNase to digest unhybridized probe. (d) Double-stranded radiolabeled probes that are protected against RNase digestion are detected using a denaturing polyacrylamide gel.

The solution hybridization assay is divided into three steps: probe construction, miRNA RNase protection assay, miRNA detection.

### 2.4.3 Probe Construction

We prepared high specific-activity  $^{32}\text{P}$ -labeled antisense RNA probes using *in vitro* transcription. The *in vitro* transcription reaction consists of four steps, which are summarized in **Figure 2.3**. In the first step, DNA oligonucleotide nucleotide templates

are designed to construct antisense probes for specific miRNAs. At the 5' end, the DNA template contains a sequence that is identical to the miRNA that will be detected. At the 3' end, the DNA template contains an eight base sequence complementary to the 3' end of the T7 Promoter primer. The DNA templates for the eight miRNAs used in this study are listed in **Table 2.1**. Several of the DNA templates contain four T bases between the miRNA sequence and the T7 complementary region. The extras Ts allow several probes to be assayed simultaneously. The addition of T residues generates an antisense RNA probe that contains a stretch of A residues that cannot be cleaved by RNases A nor T1. (Ausubel et al., 2004). The addition of 4 Ts residues to the DNA oligonucleotide nucleotide template sequence is sufficient for size resolution from the 0 T DNA oligonucleotide nucleotide template on the PAGE gels used for multi-probe solution hybridization assays.

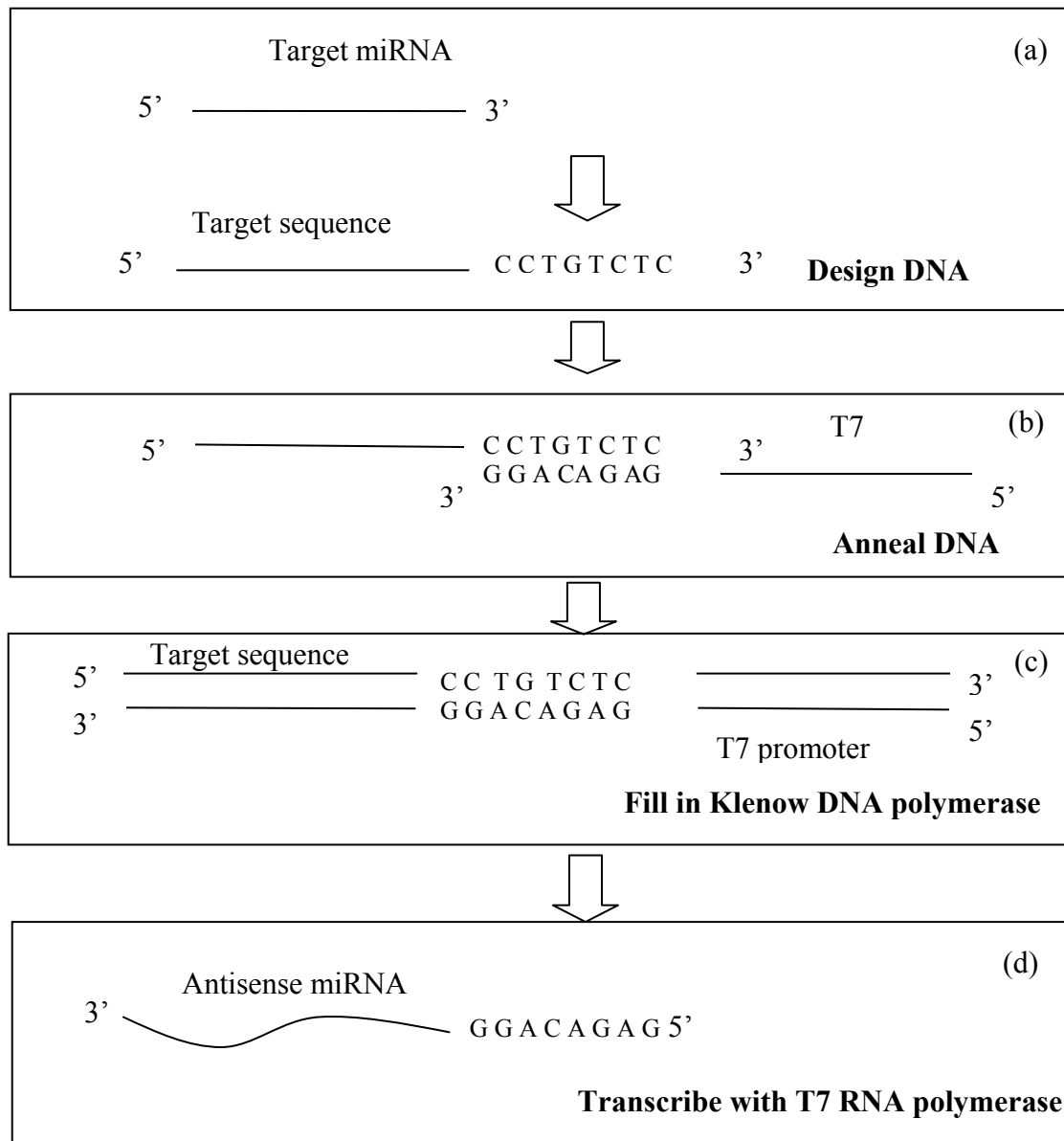
**Table 2.1.** Eight selected miRNAs: Their mature sequences and DNA oligonucleotide templates

<b>miRNA</b>	<b>miRNA Sequence (Mature) and DNA oligonucleotide for T7 miRNA Probe (+4Ts and 0T)</b>
hsa-miR-34b	14AGGCAGUGUCAUUAGCUGAUUG35 AGGCAGTGTGATTAGCTGATTGTTTT <b>CCTGTCTC</b>
hsa-miR-125b	15UCCCUGAGACCCUAACUUGUGA36 TCCCTGAGACCCTAACTTGTGAC <b>CCTGTCTC</b>
hsa-miR-16-1	14UAGCAGCACGUAAAUUUGGCG35 TAGCAGCACGTAAATATTGGCG <b>CCTGTCTC</b>
hsa-miR-196-2	25UAGGUAGUUUCAUGUUGUUGGG46 TAGGTAGTTTCATGTTGTTGGGTTTT <b>CCTGTCTC</b>
hsa-miR-26a-2	14UUCAAGUAAUCCAGGAUAGGCU35 TTCAAGTAATCCAGGATAGGCT <b>CCTGTCTC</b>
hsa-let-7i	6UGAGGUAGUAGUUUGUGCU24 TGAGGTAGTAGTTTGTGCTTTTT <b>CCTGTCTC</b>
hsa-miR-181c	27AACAUUCAACCUGUCGGUGAGU48 AACATTCAACCTGTCGGTGAGTTTT <b>CCTGTCTC</b>
miR-125a	15UCCCUGAGACCCUUUAACCUGUG37 TCCCTGAGACCCTTTAACCTGTGTTTT <b>CCTGTCTC</b>

In the first step, mature miRNA sequences were obtained from ‘Sanger Rfam’ database (<http://www.sanger.ac.uk/Software/Rfam/mirna/index.shtml>).

In the second step, a double-stranded transcription template is prepared. The oligonucleotide nucleotide template is annealed to the T7 Promoter Primer (**Figure 2.4b**). The T7 promoter primer and the oligonucleotide nucleotide template are extended using Exo-Klenow DNA polymerase (**Figure 2.4c**).

In the third step, the double-stranded DNA template is transcribed using T7 phage RNA polymerase (**Figure 2.4d**). The RNA polymerase binds to the double-stranded template and separates the two strands of DNA. The RNA polymerase uses the 3’ to 5’ strand as a template to synthesize a complementary 5’ to 3’ RNA transcript. The RNA transcript was radiolabeled by incorporating [ $\alpha$ -<sup>32</sup>P] UTP (Amersham Inc) *in vitro* transcription reaction. The DNA template in the reaction is removed using DNase I. We purified the RNA probes made by *in vitro* transcription to remove transcripts that are shorter than the full-length probe because these shorter products may cause “background” smears and/or spurious protected bands in the assay. We purified the RNA transcripts using a denaturing polyacrylamide gel. We determined the yield and the specific activity of radiolabeled transcripts measuring and comparing the total amount of radiolabel present in the reaction mixture using a scintillation counter (BECKMAN Inc).



**Figure 2.4.** miRNA probe construction. (a) The DNA oligonucleotide nucleotide has the same sequence as its target miRNA, except the U residue is replaced by T residue. An eight base sequence which is complementary to the 3' end of the T7 Promoter Primer was added to the 3' end of oligonucleotide. (b) T7 promoter primer was annealed to the oligonucleotide nucleotide. (c) Double-stranded DNA template was synthesized using Klenow DNA polymerase. (d) miRNA probe was generated using T7 RNA polymerase. Two extra Gs are added during the transcription reaction.



miRNA probe construction for mir-16 and mir-16<sup>+4</sup> are outlined below.

mir-16 Sequence: 5'-UAGCAGCACGUAAAUAUUGGCG-3'

DNA template for mir-16: 5'-TAGCAGCACGTAAATATTGGCGCCTGTCTC-3'

Mir-16 probe: 3'-AUCGUCGUGCAUUUAUAACCGCGACAGAGGG-5'

Product from solution hybridization assay: 3'-AUCGUCGUGCAUUUAUAACCGC-5'

mir-16<sup>+4</sup> Sequence: 5'-UAGCAGCACGUAAAUAUUGGCG-3'

DNA template for mir-16<sup>+4</sup>:

5'-TAGCAGCACGTAAATATTGGCGTTTTCTGTCTC-3'

mir-16<sup>+4</sup> Probe: 3'-AUCGUCGUGCAUUUAUAACCGCAAAAGGACAGAGGG-5'

Product from solution hybridization assay:

3'-AUCGUCGUGCAUUUAUAACCGCAAAA-5'

#### **2.4.4 miRNA Detection: miRNA RNase Protection Assay**

Specific antisense RNA probes are used to detect miRNAs present in small RNAs samples from patient material. If a specific miRNA probes is present in the sample, then it will protect the RNA probe from degradation by RNase. The amount of protected probe is directly proportional to the amount of miRNA in the sample. Typically, we use 0.5 to 5 µg of small RNA sample for the RNase protection assay. We add <sup>32</sup>P-labeled RNA probe in five-fold molar excess over the target miRNA. In most cases 5×10<sup>4</sup> cpm (0.023 µCi) of highly specific activity probes meet this requirement.

In addition to the small RNA patient samples, we use two miRNA controls and one standard marker for each probe in the experiment. The first control contains miRNA probe and no miRNA or RNase and it is used to assess probe quality and recovery (negative control). The second control contains miRNA probe and no miRNA and it is used to assess non-specific background signals and verify that probe digestion is complete (positive control). The standard marker contains miRNA probe and standard miRNA.

The total amount of RNA in each sample and control should be roughly equal ( $\pm 10\%$ ) in order to ensure that the RNase digestion conditions are similar in each. If the amounts of sample RNAs vary, we used yeast RNA to adjust the total amount of RNA in each hybridization reaction, plus controls up to 5  $\mu\text{g}$ .

The antisense RNA is hybridized to the miRNAs by heating it to 95 °C and slowly cooling to 52 °C over a period of 2 hours. This step denatures the RNA, specifically reducing the effect of some secondary structure that may be formed during hybridization. The hybridized RNA samples are treated with RNase A and T1 to digest RNAs that do not form complexes with the antisense RNA probe. The protected RNA probes are precipitated and detected using a denaturing polyacrylamide gel. The amount of protected  $^{32}\text{-P}$  antisense RNA probe protected was quantified using a phosphorimager (Bio Rad Inc).

## **2.5 Task 5: Statistical Analysis of miRNA Expressions**

We determined the intensities of miRNA bands from the solution hybridization detection gels using a phosphoimager (Bio Rad Inc). We used the significance test facility in SAS (Statistical Analysis Software) software (SAS Institute, Cary NC) to evaluate whether there are significant differences in the miRNA expression between the mutated and unmutated B-CLL groups.

### **2.5.1 Statistical Problem Formulation**

The evaluation problem can be defined as a significance test problem in statistical data analysis. For the significance test for two groups (the mutated and unmutated B-CLL groups), we used the t-test (Appendix A). Assume that for a particular miRNA (e.g., mir-26a-2) we have its expressions (Intensities from phosphoimager) in the two groups as follows:

- (i) In the mutated group: 4271839.8, 5154553.9, 2639191, 3606797, 3216792.2, 3688059.3, 1894745.6, 2793187.3
- (ii) In the unmutated group: 1421870.9, 1568594.1, 1803838.1, 2179905.6

In this case, group (i) has 8 elements, and group (ii) has 4 elements. We denote  $\mu_1$  for the mean for group (i) population and  $\mu_2$  for the mean for group (ii) population.

We assumed that the miRNA expression followed a normal distribution and two groups were mutually exclusive. Using these assumptions, our problem satisfied the assumptions for the t-test (Appendix A). Note that the miRNA expressions of the two

groups may not have an equal variance. We used the Levene test to evaluate the equal variance or unequal variance (Appendix A). Note that the t-test uses different equations depending on whether there is equal or unequal variance (see Appendix A for details). Furthermore, in our case, we chose the significance level  $\alpha = 0.05$ . The t-test was a two-tailed test.

### 2.5.2 Procedure For Using SAS

We programmed the problem in conformity with the input file format of SAS for the t-test; see below (for the example of mir-26a-2).

```
data first;
input Rep species$ intensity;
Cards;
1      M      4271839.8
1      M      5154553.9
1      M      2639191
1      M      3606797
1      M      3216792.2
1      M      3688059.3
1      M      1894745.6
1      M      2793187.3
2      UM     1421870.9
2      UM     1568594.1
2      UM     1803838.1
2      UM     2179905.6
;
proc ttest;
class species;
var intensity;
title 'T-test using SAS ttest';
run;
```

We then run the SAS program and obtained the output file below.

T-test using SAS ttest 10:56 Friday, August 13, 2004 1  
The TTEST Procedure  
Statistics

Variable	patients	N	Mean	Mean	Mean	Std Dev	Std Dev	Std Dev	Std Err
intensity	M	8	2.56E6	3.41E6	4.26E6	671027	1.01E6	2.07E6	358822
intensity	UM	4	1.22E6	1.74E6	2.27E6	187350	330720	1.23E6	165360
intensity	Diff (1-2)		479930	1.66E6	2.85E6	606650	868235	1.52E6	531683

T-Tests					
Variable	Method	Variances	DF	t Value	Pr >  t
intensity	Pooled	<b>Equal</b>	10	3.13	<b>0.0107</b>
intensity	Satterthwaite	Unequal	9.31	4.21	0.0021

Equality of Variances					
Variable	Method	Num DF	Den DF	F Value	Pr > F
intensity	Folded F	7	3	9.42	<b>0.0924</b>

We first read information of  $\{Pr > F\}$  from the third box above. If  $\{Pr > F\}$  is greater than  $\alpha = 0.05$  (this is the case for the example), we conclude that two groups have unequal variance (this is the case for the example). Then we read from the second box information of  $\{Pr > |t|\}$  according to the equal variance or unequal variance case. If  $\{Pr > |t|\} < \alpha = 0.05$ , then we conclude that two groups have significant difference in terms of their means. In this example, we found  $\{Pr > |t|\} = 0.0107$  that is less than  $\alpha = 0.05$ ; So the two groups have significant difference in terms of their means of miRNA expressions.

## **CHAPTER 3**

### **Results and Discussion**

In total, we characterized thirty B-CLL patient samples in this study. The results include (i) the classification of samples into mutated B-CLL and unmutated B-CLL groups, and (ii) the characterization of miRNA expressions in these two patient groups. This chapter presents these results with discussions. Section 3.1 presents result followed by a discussion in section 3.2.

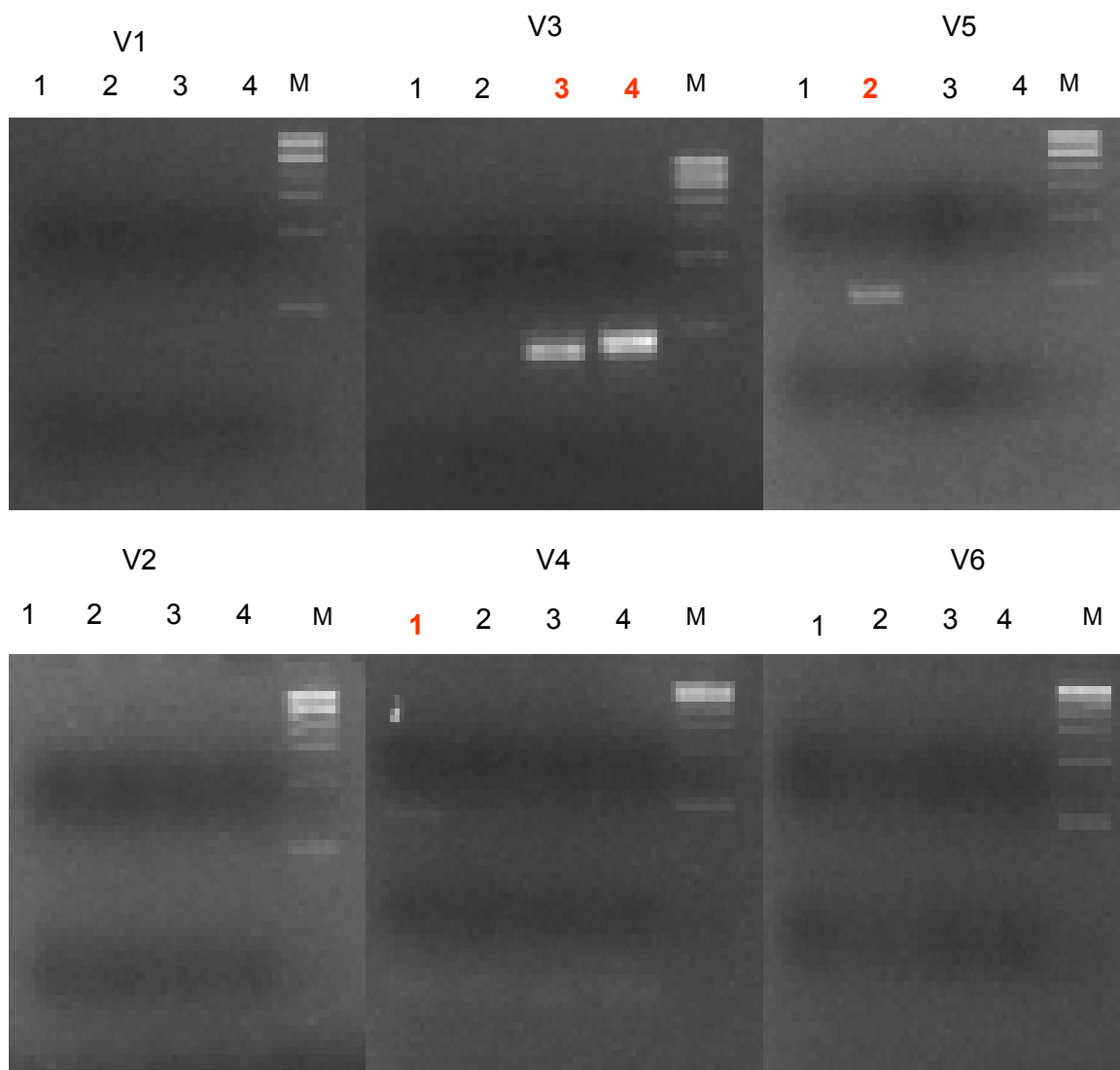
#### **3.1 Results**

##### **3.1.1 Patient B-CLL IgV<sub>H</sub> Mutation Status**

We obtained thirty patient peripheral blood samples (B-CLL cells) for the experiments conducted in this study. We isolated mononuclear white blood cells using Ficoll Paque. These mononuclear white blood cells consist of more than 95% B-cells. We isolated

total RNA from the B-CLL cells using Trizol. We converted poly A tailed RNA to cDNA using reverse transcriptase. We used PCR to amplify the IgV<sub>H</sub> region from the cDNA from each patient using six primer sets. Each primer set contains a unique upstream primer corresponding to one of the six human V<sub>H</sub> leader sequences and a constant J-region primer. B-CLL is a monoclonal disease and all B-CLL cells arise from a common cell. Therefore, B-CLL cells from each patient have identical rearranged variable regions.

**Figure 3.1** shows PCR products for patients (PT) 1 to 4 (PCR products for the remainder of patients can be found in Appendix B). **Table 3.1** summarizes the primers sets that gave PCR products for all 30 patients.



**Figure 3.1.** RT-PCR products for patients (PT) 1-4. PCR produces are separated on a 2 % agarose gel and stained with ethidium bromide. V1 to V6 correspond to the human V<sub>H</sub> leader sequences primers. M represents a DNA marker.



**Table 3.1.** Summary of the IgV<sub>H</sub> region RT-PCR for thirty patients (PT). (+) indicates primer that gave positive RT-PCR products.

	V1	V2	V3	V4	V5	V6		V1	V2	V3	V4	V5	V6
PT1				+			PT16					+	
PT2					+		PT17			+			
PT3			+				PT18				+		
PT4			+				PT19				+		
PT5			+				PT20			+			
PT6					+		PT21	+					
PT7					+		PT22				+		
PT8			+				PT23			+			
PT9	+						PT24	+					
PT10			+				PT25				+		
PT11				+			PT26			+			
PT12	+						PT27			+			
PT13	+						PT28			+			
PT14					+		PT29			+			
PT15			+				PT30	+					

To determine the mutational status of the patients, we sequenced the IgV<sub>H</sub> region RT-PCR products using an ABI PRISM 310 Genetic Analyzer (DNA sequencer). A summary of the IgV<sub>H</sub> region sequences for the thirty patients is provided in Appendix C. To illustrate the methodology used to calculate the B-CLL patient mutational status, we will use PT1 as an example.

The sequence of PT1 is:

CCAGATGGGTCTGTCCAGGTGCAGCTCAGCAGTGGGGCNCAGGACTGTTGA  
AGCCTTCGGAGACCCTGTCCCTCACCTGCGCTGTCTATGGTGGGTCCTTCAG  
TGATTACTACTGGACCTGGGTCCGCCAGCCCCAGGGGGGGGTCTGGAGTG  
GATTGGGNAAATCCATCACATTGGAGGTGCCAAATACAATCCGTCCCTCAA  
GAGTCCAGTCACCATATCAATGGACACGTCCAAGAGCCAGTTCTCCCTGAG

ACTGATTTCTGTGACCGCCGCGGACACGGCTGTATATTACTGTGCGAGACTC  
CCTCCGGAGTGGTTATTTTCCTTTTGACTCCTGGGGCCCGGGGAACCCCGGTC  
ACCGTCTCCTCAGGTAC

To determine the germline sequence that PT1 IgV<sub>H</sub> region is derived from, we matched the patient's sequence to a database of germline sequences using Ig BLAST (<http://www.ncbi.nlm.nih.gov/igblast>). For PT1, the corresponding germline sequence is VH4-34 (V<sub>H</sub> 4 gene family and particularly of V<sub>H</sub> 4-34 gene of immunoglobulin heavy-chain variable region). We compared CDR1, CDR2, FWR1, FWR2, and FWR3 between PT1 and VH4-34 to determine the nucleotide differences in the DNA sequence. We then converted the DNA sequence to a protein sequence. We identified S and R mutations. S mutations are changes in the DNA sequence that do not change the amino acid sequence. R mutations are changes in the DNA sequences that change the amino acid sequence.

### **Calculation of PT1 Mutational Status**

#### ***CDR1:***

Comparison of CDR1 Region DNA Sequence

PT1:            GATTACTACTGGACC

VH4-34:        GGTTACTACTGGAGC

Nucleotide Mutations: 2

### Comparison of CDR1 Region Amino Acid Sequence

PT1: **DYYWT**

VHL4-34: GYYWS

Amino Acid mutations: 2

### Summary

R Mutations: 2

S Mutations: 0

Sequence length: 15 nucleotides

### ***CDR2:***

### Comparison of CDR2 Region DNA Sequence

PT1: GAAATC**C**ATCA**C**A**T**TGGAG**G****T**GCCAA**A**TACA**A****T**CCGTCCCTCAAGAGT

VHL4-34: GAAATCAATCATAGTGGGAAGCACCAACTACAACCCGTCCCTCAAGAGT

Nucleotide Mutations: 8

### Comparison of CDR2 Region Amino Acid Sequence

PT1: E I **H** **I** **G** **A** **K** Y N P S L K S

VHL4-34: E I N H S G S T N Y N P S L K S

Amino Acid mutations: 5

### Summary

R Mutations: 5

S Mutations: 3

Sequence length: 48 nucleotides

***FWR1:***

Comparison of FWR1 Region DNA Sequence

PT1:

CAGGTGCAGCTACAGCAGTGGGGCGCAGGACTGTTGAAGCCTTCGGAGACCCTGTCCCT  
CACCTGCGCTGTCTATGGTGGGTCCTTC

VHL4-34:

CAGGTGCAGCTACAGCAGTGGGGCGCAGGACTGTTGAAGCCTTCGGAGACCCTGTCCCT  
CACCTGCGCTGTCTATGGTGGGTCCTTC

Nucleotide Mutations: 0

Comparison of FWR1 Region Amino Acid Sequence

PT1: QVQLQQWGAGLLKPSETLSLTCAVYGGSF

VHL4-34: QVQLQQWGAGLLKPSETLSLTCAVYGGSF

Amino Acid mutations: 0

Summary

R Mutations: 0

S Mutations: 0

Sequence length: 87 nucleotides

### ***FWR2:***

#### Comparison of FWR2 Region DNA Sequence

PT1: TGG**G**TCCGCCAGCCCCCAGGG**GGGGT**CTGGAGTGGATTGGG

VHL4-34: TGGATCCGCCAGCCCCCAGGGAAGGGGCTGGAGTGGATTGGG

Nucleotide Mutations: 4

#### Comparison of FWR2 Region Amino Acid Sequence

PT1: W**V**RQPPG**G**GLEWIG

VHL4-34: WIRQPPGKGLEWIG

Amino Acid mutations: 2

#### Summary

R Mutations: 2

S Mutations: 2

Sequence length: 42 nucleotides

### ***FWR3:***

#### Comparison of FWR3 Region DNA Sequence

PT1:

C**C**AGTCACCATATCA**ATG**GACACGTCCAAGAG**CC**AGTTCTCCCTGAG**ACTGA****TT**TCTGT

GACCGCCGCGGACACGGCTGT**A**TATTACTGTGCGAGA

VHL4-34:

CGAGTCACCATATCAGTAGACACGTCCAAGAACCAGTTCTCCCTGAAGCTGAGCTCTGT  
GACCGCCGCGGACACGGCTGTGTATTACTGTGCGAGA

Nucleotide Mutations: 9

#### Comparison of FWR3 Region Amino Acid Sequence

PT1: PVTISMDTSKQFSLRLISVTAADTAVYYCAR

VHL4-34: RVTISVDTSKNQFSLKLSSVTAADTAVYYCAR

Amino Acid mutations: 5

#### Summary

R Mutations: 5

S Mutations: 4

Sequence length: 96 nucleotides

We calculated the mutational status by determining the percentage of nucleotides that are mutated in the CDR1, CDR2, FWR1, FWR2, and FWR3. For PT1 the total number of mutations is 23 and the total sequence length is 288. The total mismatch frequency is 23/288 or 7.98 %. In this case, there is 7.98 % (>2 %) difference in the sequence of PT1 from its germline sequence. Therefore, the B-CLL cells of PT1 went through the germinal centre, and its IGV<sub>H</sub> gene underwent somatic hypermutation.

We also used the R and S mutations to calculate the probability that a B-CLL cell has undergone antigen selection using Lossos algorithm (Lossos et al., 2000), which is

available at the public website (<http://www-stat.stanford.edu/immunoglobulin>). This algorithm calculates a P-value for whether antigen selection has occurred.

**Table 3.2** summarizes the results of the analysis. A complete summary of patient information is in Appendix D. The sequence data from patient peripheral blood samples for PT11 and PT23 are missing CDR and FWR in their sequence. In **Table 3.2** not all sample cells obtained P-values which are less than 0.05. Mutation frequency and antigen selection probability calculation do not always classify patients into the same B-CLL subtypes; see **Table 3.2**. This might be quite natural as both methods have a subjective or uncertain component and are used in a different context; in the case of method (1) the threshold 2 % is a subjective component, while in the case of method (2) two P-values (with the confidence level 0.05) implies another subjective component. For our classification, we use only the percentage of mutations to classify B-CLL patients as mutated or unmutated.

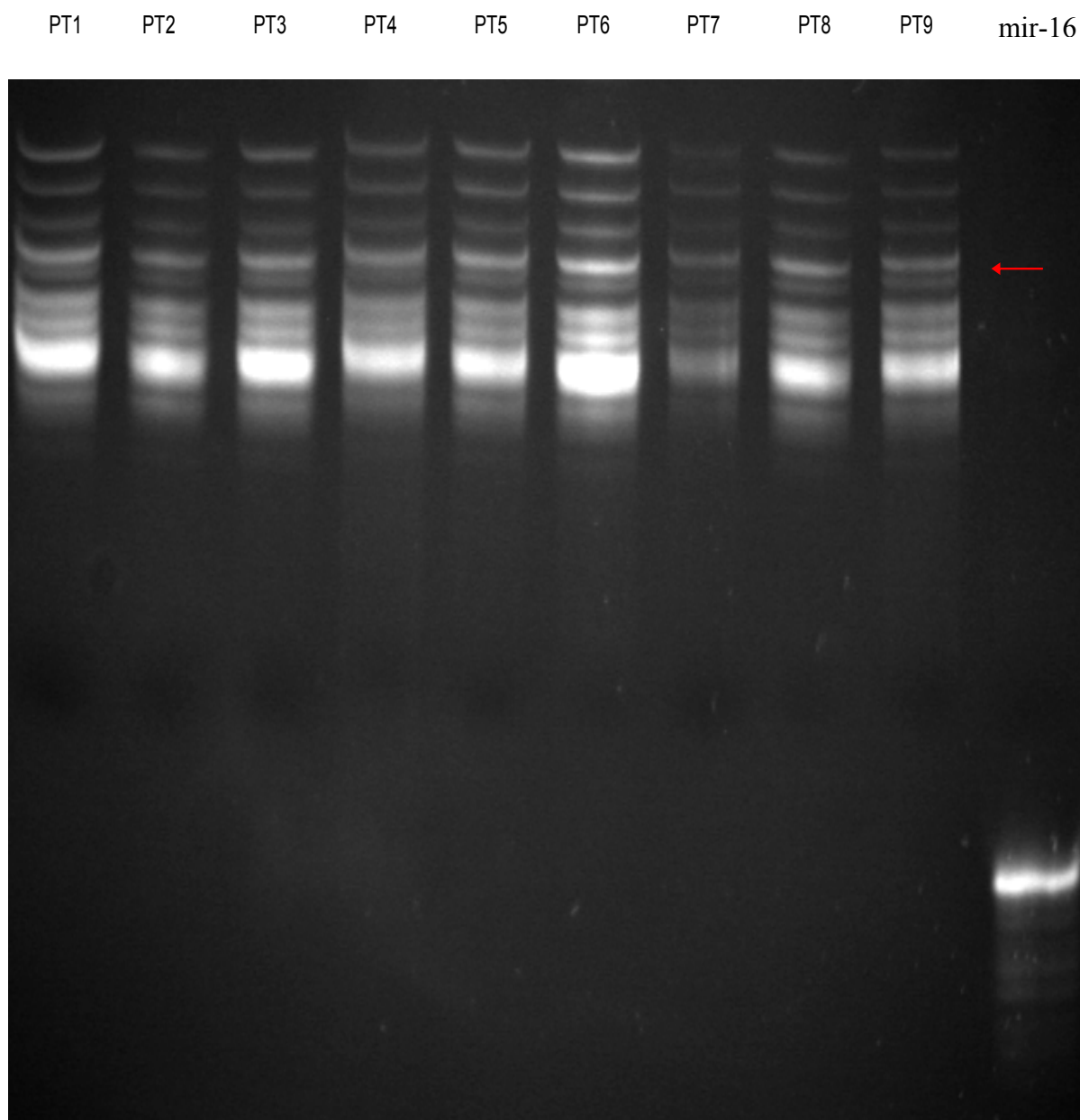
**Table 3.2.** Upstream primer, P-value, and mutational status of B-CLL patients. ID indicates the percentage similarity of patient IgV<sub>H</sub> gene to its germline sequence. P means the probability of antigen selection occurred. M: Mutated, UM: Unmutated.

				CDR	FWR	
<b>Sample</b>	<b>V<sub>H</sub> family</b>	<b>VH gene</b>	<b>% ID</b>	<b>P</b>	<b>P</b>	<b>Pattern</b>
PT1	VH4	V4-34	92.02%	0.0698	0.0056	M
PT2	VH5	V5-51	95.83%	0.05143	0.04806	M
PT3	VH3	V3-74	99.40%	0.1833	0.4291	UM
PT4	VH3	V3-33	100%	0	1	UM
PT5	VH3	V3-23	94.60%	0.0902	0.001	M
PT6	VH5	V5-51	91.90%	0.0257	0.1538	M
PT7	VH5	V5-51	99%	0.1767	0.4082	UM
PT8	VH3	V3-74	92.52%	0.1479	0.0279	M
PT9	VH1	V1-69	99.67%	0.5876	0.2101	UM
PT10	VH3	V3-11	91.10%	0.1022	0.0581	M
PT11	VH4	-	-	-	-	-
PT12	VH1	VH1-2	100%	0	1	UM
PT13	VH1	VH1-69	98.70%	0.0098	0.01536	UM
PT14	VH5	VH5-51	97.62%	0.1738	0.32905	M
PT15	VH3	VH3-30	92.80%	0.04432	0.01449	M
PT16	VH5	VH5-51	95.30%	0.03047	0.04111	M
PT 17	VH3	VH3-11	99.32%	0.18247	0.09079	UM
PT 18	VH4	VH4-34	94.40%	0.03408	0.00609	M
PT 19	VH4	VH4-39	93.70%	0.02146	0	M
PT 20	VH3	VH3-33	96.94%	0.03843	0.22674	M
PT 21	VH1	VH1-2	95.92%	0.0013	0.01329	M
PT 22	VH4	VH4-28	91.31%	0.02418	0.02874	M
PT 23	VH1	-	-	-	-	-
PT 24	VH1	VH1-3	97.96%	0.19182	0.02691	M
PT 25	VH4	VH4-34	95.50%	0.55921	0.03206	M
PT 26	VH3	VH3-9	96.40%	0.02584	0.09563	M
PT 27	VH3	VH3-48	96.02%	0.07581	0.05312	M
PT 28	VH3	VH3-11	95.92%	0.001	0.05378	M
PT 29	VH3	VH3-33	95.24%	0.166	0.13545	M
PT 30	VH1	VH1-2	100.00%	0	1	UM



### 3.1.2 miRNA Isolation

We isolated miRNA from patient B-CLL cells using the *mirVana*<sup>™</sup> miRNA Isolation Kit 1560 (Ambion). We determined the RNA concentrations by measuring the Absorbance at 260 nm. We determined the quality of the isolated RNA by separating 0.25 µg of small RNA on a 15 % polyacrylamide gel and staining the RNA with cybergold (Molecular Probes Inc). **Figure 3.4** shows an example of RNA isolated from B-CLL cells for PT1-9. The remainder of the patients RNA is in Appendix E. We normalized the small RNA concentrations from different patient samples using a common RNA (usually the 5.8S ribosomal RNA). **Table 3.3** summarizes the normalized small RNA concentrations for each patient sample.



**Figure 3.2.** Nine miRNA samples (0.25  $\mu$ g each) and standard mir-16 (0.25  $\mu$ g) in the 15 % polyacrylamide gels, stained by the cybergold. The arrow shows the bands that were selected to calculate the concentration of the sample. Standard miRNA 16 which is an indicate size marker that shows the miRNA location in the gel. This standard mir-16 is shown on furthest right column.

**Table 3.3.** Concentration of miRNA sample of thirty patients. The twelve patient samples that are in bold font were selected for miRNA expression analysis.

PT	(ug/ul)	PT	(ug/ul)
<b>1</b>	<b>0.047</b>	<b>16</b>	<b>0.05</b>
<b>2</b>	<b>0.043</b>	<b>17</b>	<b>0.05</b>
<b>3</b>	<b>0.069</b>	18	0.034
<b>4</b>	<b>0.057</b>	19	0.036
<b>5</b>	<b>0.064</b>	<b>20</b>	<b>0.053</b>
<b>6</b>	<b>0.239</b>	21	0.032
7	0.015	22	0.018
<b>8</b>	<b>0.067</b>	23	0.008
9	0.026	24	0.015
10	-	25	0.014
11	0.027	26	0.018
<b>12</b>	<b>0.046</b>	27	0.006
13	0.032	28	0.013
<b>14</b>	<b>0.047</b>	29	0.016
15	0.027	30	0.015

0.5 µg of RNA is required for each solution hybridization assay. The total volume of RNA for each patient is 100 µl. In our study, we wanted to measure the expression of a minimum of eight miRNAs. Therefore, only patients that have a minimum concentration of 0.0425 µg/µl are used for miRNA expression analysis. Not all patient samples possessed RNA more than this threshold. Only twelve patients satisfied this criterion (see **Table 3.3**). Among these twelve samples, eight are in the mutated B-CLL group and four are in the unmutated B-CLL group.

### 3.1.3 Selection of miRNAs for Analysis

Due to the limited amount of patient RNA, we were limited to analyzing eight miRNAs in this study. To choose the miRNAs for our analysis, we focused on miRNAs that are located near genomic aberrations that are associated with B-CLL.

Döhner and Stilgenbauer reported the following B-CLL associated genomic aberrations: 55 % d13q14, 18 % d11q22-23, 16 % +12, 7 % d17p13, 7 % d6q21, t14q32, +19, where d: deletion, +: trisomy, t: translocation and the percentage represents the frequency of these aberrations in their B-CLL patients (Döhner and Stilgenbauer, 2000; Stilgenbauer et al., 2003). Individual genomic aberrations relevant to mutated B-CLL or unmutated B-CLL cells have also been reported. For example, +19, d13q14 are relevant to mutated B-CLL and d11q22-23, +12, and d6q21 are relevant to unmutated B-CLL (Hamblin et al., 1999; Carsten et al., 2003).

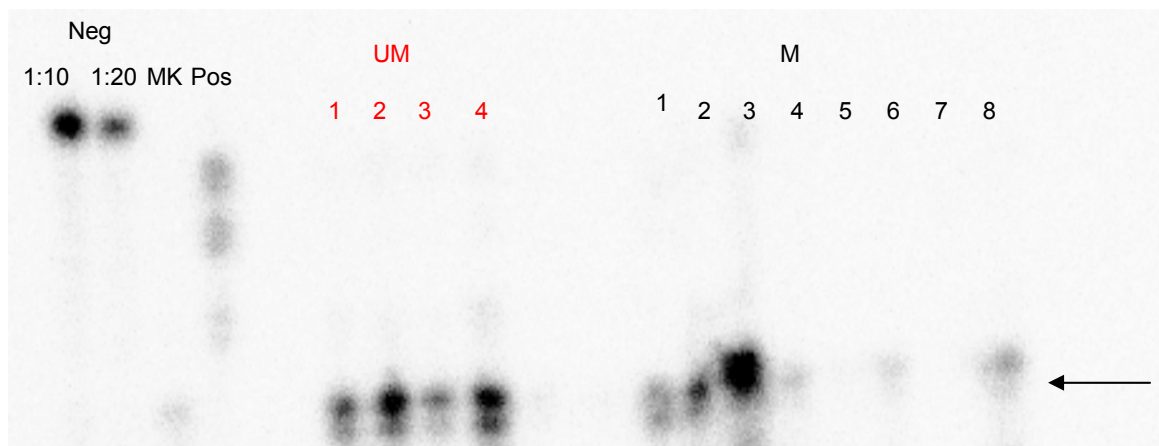
We used the UCSC Genome database to search for miRNAs that were located at sites of genomic aberrations (<http://genome.ucsc.edu/cgi-bin/hgTracks>). We found 72 miRNAs that were located at specific chromosomal aberrations (Appendix F). To limit this list further, we determined miRNA target genes using Target Scan database (<http://genes.mit.edu/targetscan/index.html>). We identified thirty miRNAs that have target genes associated with B-CLL or other cancers (Appendix G). Finally, based on genomic location and miRNA target, we narrowed the list down to eight miRNAs (Appendix H). Specifically, we chose the following miRNAs with their associated chromosomal aberration: mir16-1 (deletion 13); let-7i, mir196-2 and mir26a-2 (trisomy 12); mir-34b and mir-125b (deletion 11); mir-181C and mir-125a (trisomy 19).

#### **3.1.4 Solution Hybridization Assay**

We used the solution hybridization assay developed by Ambion (mirVana miRNA detection kit) to monitor the expression of specific miRNAs in the patient samples. In

total, we tested the expression of eight miRNAs in eight unmutated and four mutated B-CLL patients.

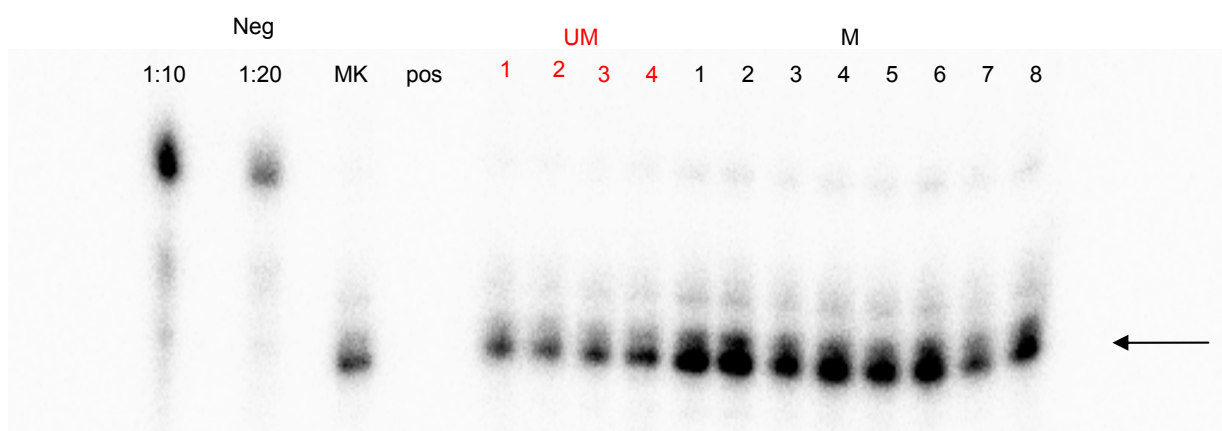
Three of the eight miRNAs are not expressed in B-CLL patient samples (mir196, mir-125a, mir-125b, Data not shown). **Figures 3.3-3.7** show the solution hybridization assay for five miRNAs (mir16-1, let-7i, mir26a-2, mir-34b, and mir-181C).



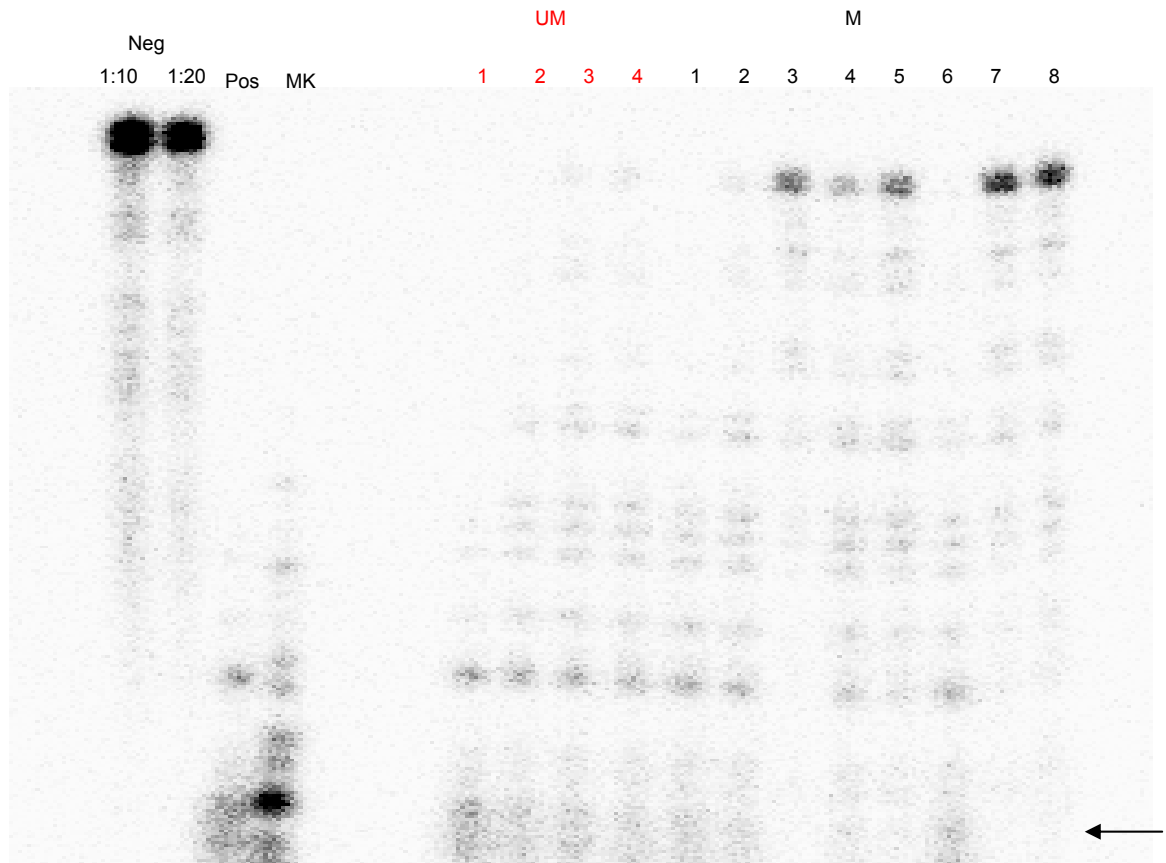
**Figure 3.3.** Solution Hybridization for mir-16-1. miRNA 16 solution hybridization assay products are marked with arrow. The negative controls (Neg) are undigested mir16 probes diluted at 10 and 20 times from stock solution. mir-16 probe was used as the positive marker (MK). Positive control (Pos) is mir-16 probe with RNase digestion. Four unmutated patients (UM) and eight mutated (M) patients are shown.



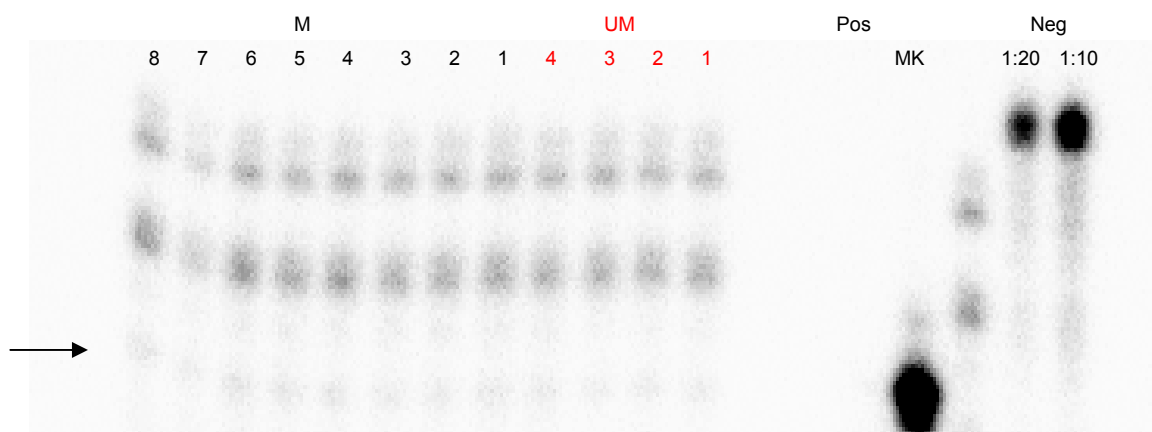
**Figure 3.4.** Solution Hybridization for Let-7i. Let-7i solution hybridization assay products are marked with arrow. The negative controls (Neg) are undigested mir16 probes diluted at 10 and 20 times from stock solution. mir-16 (MK1) and mir-16<sup>+</sup> (MK2) probes were used as the positive markers. Positive control (Pos) is mir-16 probe<sup>+</sup> with RNase digestion. Four unmutated patients (UM) and eight mutated (M) patients are shown.



**Figure 3.5.** Solution Hybridization for mir-26a-2. miRNA 26a-2 solution hybridization assay products are marked with arrow. The negative controls (Neg) are undigested mir16 probes diluted at 10 and 20 times from stock solution. mir-16 probe was used as the positive marker (MK). Positive control (Pos) is mir-16 probe with RNase digestion. Four unmutated patients (UM) and eight mutated (M) patients are shown.



**Figure 3.6.** Solution Hybridization for mir-34b. miRNA 34b solution hybridization assay products are marked with arrow. The negative controls (Neg) are undigested mir-16<sup>+</sup> probe diluted at 10 and 20 times from stock solution. mir-16<sup>+</sup> probe was used as the positive marker (MK). Positive control (Pos) is mir-16<sup>+</sup> probe with RNase digestion. Four unmutated patients (UM) and eight mutated (M) patients are shown.



**Figure 3.7.** Solution Hybridization for mir-181c. miRNA 181c solution hybridization assay products are marked with arrow. The negative controls (Neg) are undigested mir-16<sup>+</sup> probe diluted at 10 and 20 times from stock solution. mir-16<sup>+</sup> probe was used as the positive marker (MK). Positive control (Pos) is mir-16<sup>+</sup> probe with RNase digestion. Four unmutated patients (UM) and eight mutated (M) patients are shown.

### 3.1.5 SAS Analysis

We analyzed the expression of eight miRNAs in twelve patient samples. We measured the intensity of the miRNA bands using a phosphoroimager (Bio Rad Inc). We used t-statistic analysis to determine a P-value describing the probability that mutated and unmutated B-CLL groups differentially expresses a chosen miRNA. We defined miRNA as differentially expressed in the two groups if the P-value is less than 0.05. The complete SAS analysis is in Appendix I. The results are summarized in **Table 3.4**. The following miRNAs (**mir16-1**, **mir26a-2**, **let-7i**, **mir-34b**) have a P-value less than 0.05 and therefore they are differentially expressed in the mutated and unmutated B-CLL groups. **mir-181c** has a P-value of 0.08 and therefore it is not differentially expressed in the mutated and unmutated B-CLL groups. In summary, determined that mir26a-2 expression is up-regulated in the mutated B-CLL group and **mir16-1**, **let-7i**, **mir-34b** are down-regulated in the mutated B-CLL group.



**Table 3.4.** Eight selected miRNA expressions

miRNA	M-CLL (mean)	UM-CLL (mean)	Location	Type*	P
mir16-1	76468	194760	13q14	Down	0.0489
mir196-2	n/a	n/a	12q13	n/a**	n/a
mir26a-2	3.41E+06	1.74E+06	+12q14.1	Up	0.0107
let-7i	706010	1.29E+06	12q14.2	Down	0.0296
mir-34b	76963	166256	11q23	Down	0.0265
mir-125b	n/a	n/a	11q24.1	n/a	n/a
miR-181c	338837	268287	19p13.3	ND***	0.0802
miR-125a	n/a	n/a	19q13.4	n/a	n/a

\*: Take UM-CLL (unmutated B-CLL) as a reference; \*\* n/a: not available; \*\*\*ND: no difference.

### 3.2 Discussion

Our study aimed to discover miRNAs that classify the mutated and unmutated subgroups of B-CLL. We chose miRNAs since they are involved in developmental process (Baehrecke, 2003; Bartel, 2004; Calin et al., 2004) and are associated with specific cancers (Chena and Lodish, 2005; Michael et al., 2003). Many miRNAs are also located at sites of B-CLL chromosomal abnormalities (Calin et al., 2002). B-CLL chromosomal abnormalities with related miRNAs analyzed in this study include: mir16-1 (deletion 13); let-7i, mir196-2 and mir26a-2 (trisomy 12); mir-34b and mir-125b (deletion 11); mir-181C and mir-125a (trisomy 19).

Our experimental results show that the following miRNAs (mir16-1, mir26a-2, let-7i, mir-34b) have significant differences in their expressions between the mutated and unmutated B-CLL groups. During the completion of this study, Calin et al., (2004) used

microarrays to perform genome wide expression profiling of miRNAs. They identified the following miRNAs that distinguished mutated and unmutated B-CLL: mir-186, mir-132, mir-16-1, mir-102, and mir-29c. In Calin et al., (2004) and our study, mir-16-1 is the only common miRNA that distinguishes mutated and unmutated B-CLL.

## CHAPTER 4

### Conclusions and Future Work

This thesis presents a study on miRNA expression in two sub-groups of B-CLL: mutated and unmutated B-CLL. The main purpose of the study is to examine whether miRNAs can be used as surrogate markers for the unmutated IgV<sub>H</sub> group of B-CLL patients. We analyzed a specific set of miRNAs that were selected based on their chromosome location and mRNA targets. In total, we analyzed the following eight miRNAs, which are shown together with their associated chromosomal abnormalities: deletion 13: mir16-1; trisomy 12: let-7i, mir196-2, mir26a-2; deletion 11: mir-34b, mir-125b; trisomy 19: mir-181c, mir-125a. We determined the mutational status of thirty patient samples and analyzed miRNA expression in twelve of these patients (eight M-CLL and four M-CLL). The following conclusions can be drawn from our experiment:

- (1) miRNAs **mir16-1**, **mir26a-2**, **let-7i**, and **mir-34b** have significant differences in expressions in mutated and unmutated B-CLL subgroups. The confidence level in our statistical inference is 95 %.
- (2) miRNA **mir-181c** has no significant difference in its expression over the two B-

CLL group.

- (3) miRNA **mir-16-1** has also been reported to be differentially expressed in mutated and unmutated B-CLL (Calin et al., 2004). Therefore, **mir-16-1** is a reliable surrogate marker for IgV<sub>H</sub> mutational status.

The present work shows promises for finding differential miRNA expression in subtypes of B-CLL. This can not only be used as an alternative way to sub-classify the disease, but also have the potential to discover the molecular mechanisms of the disease. Some future work may be suggested. (i) Development of a classifier based on miRNAs, as a surrogate marker for the unmutated IgV<sub>H</sub> gene, may be needed in order to increase the reliability of this new marker. Nevertheless, it is likely that the miRNA, mir-16-1, alone could be an excellent marker. (ii) Global miRNA profiling using microarray will be used to screen large sets of human miRNAs in B-CLL. (iii) Correlation of the miRNAs expression with their chromosomal abnormalities to determine whether specific translocations up or down-regulate miRNA expression.

## REFERENCE

Ambros, V., Lee, R.C., Lavanway, A., Williams, P.T. and Jewell, D. (2003). MicroRNAs and other tiny endogenous RNAs in *C. elegans*. *Curr. Biol.* **13**, 807-818.

Andrea, T. and Peter, P.T. (2004). Molecular evolution of a microRNA cluster. *J. Mol. Biol.* **339**, 327–335.

Aravin, AA., Lagos-Quintana, M., Yalcin, A., Zavolan, M., Marks, D., Snyder, B., Gaasterland, T., Meyer, J. and Tuschl, T. (2003). The small RNA profile during drosophila melanogaster development. *Dev Cell.* **5**, 337-350.

Ausubel FM., Brent, R., Kingston, RE. and Moore, DD. (1994-2004). Current Protocols in Molecular Biology. vol.1, *John Wiley and Sons, Inc., Brooklyn*. New York. 3.13.1-3.13.3.

Baehrecke EH. (2003). miRNAs: micro managers of programmed cell death. *Curr Biol*, **13**, R473-475.

Bartel DP. (2004). MicroRNAs: genomics, biogenesis, mechanism, and function. *Cell*. **116**, 281-297.

Berk K.N and P Carey. (2004). Data Analysis with Microsoft Excel. *Duxbury, Pacific Grove. CA.* 579pp.

Binet JL., Auquier, A., Dighiero, G., Chastang, C., Piguët, H., Goasguen, J., Vaugier, G., Potron, G., Colona, P., Oberling, F., Thomas, M., Tchernia, G., Jacquillat, C., Boivin, P., Lesty, C., Duault, MT., Monconduit, M., Belabbès, S. and Gremy, F. (1981). A new prognostic classification of chronic lymphocytic leukemia derived from a multivariate survival analysis. *Cancer*. **48**, 198-206.

Brian T., Pittner, RC., Tschumper, TK., Kimlinger, CM., Thomas, PJ., Kurtin, NE. and Kay, DF. (2003). Expression of ZAP-70 in Both Unmutated and Mutated Leukemic CLL B Cells Indicates Lack of Efficacy as a Surrogate Marker for Immunoglobulin Mutational Status. *ASH*, **109** and *Blood*, **102**, 11.

Carsten S., Michelle, N. and Swen, W. (2003). Automated array-based genomic profiling in Chronic Lymphocytic Leukemia, Development of a clinical tool and discovery of recurrent genomic alterations. *Proc Natl Acad Sci. USA*, **101**, 1039-1044.

Calin GA., Sevignani, C. and Dumitru, CD. (2004). Human microRNA genes are frequently located at fragile sites and genomic regions involved in cancers. *Proc Natl Acad Sci*. **101**, 2999-3004.

Calin GA., Dumitru, D., Shimizu, M., Bichi, R., Zupo, S., Noch, E., Aldler, H., Rattan, S., Keating M. and Rai, K. (2002). Frequent deletions and down-regulation of miRNA

gene mir-15 and mir16 at 13q14 in chronic lymphocytic leukemia. *Proc. Natl. Acad. Sci. USA*. **99**, 15524–15529.

Chena, C-Z. and Lodish, H.F. (2005). MicroRNAs as regulators of mammalian hematopoiesis. *Seminars in Immunology*. **17**, 155–165.

Cheson, BD., Bennett, JM., Grever, M., Kay, N., Keating, MJ., O'Brien. S. and Rai, KR. (1996). National Cancer Institute-sponsored Working Group guidelines for chronic lymphocytic leukemia, revised guidelines for diagnosis and treatment. *Blood*. **87**, 4990-4997.

Chirgwin, J.M., Przybyla, A.E., MacDonald R.J. and Rutter, W.J. (1979). Isolation of biologically active ribonucleic acid from sources enriched in ribonuclease. *Biochemistry*. **18**, 5294-5299.

Damle, T., Wasil, T., Fais, F., Ghiotto, F., Valetto, A., Allen, SL., Buchbinder, A., Budman, D., Dittmar, K., Kolitz, J., Lichtman, SM., Schulman, P., Vinciguerra, VP., Rai, KR., Ferrarini, M. and Chiorazzi, N. (1999). Ig V gene mutation status and CD38 expression as novel prognostic indicators in chronic lymphocytic leukemia. *Blood*. **94**, 1840-1847.

Devore, J. and Nicholas, F. (1999). Applied statistics for engineers and scientists. *DUXBURY PRESS. USA*.

Döhner, H., Stilgenbauer, S., Benner, A., Leupolt, E., Krober, A., Bullinger, L., Döhner, K., Bentz, M. and Lichter, P. (2000). Genomic aberrations and survival in chronic lymphocytic leukemia. *N Engl J Med.* **343**, 1910-1916.

Dostie, J., Mourelatos, Z., Yang, M., Sharma, A. and Dreyfuss, G. (2003). Numerous microRNPs in neuronal cells containing novel microRNAs. *RNA.* **9**, 631-632.

Durig, J., Nuckel, H. and Cremer, M. (2003). ZAP-70 expression is a prognostic factor in chronic lymphocytic leukemia. *Leukemia.* **17**, 2426-2434.

Fais, F., Ghiotto, F., Hashimoto, S., Sellars, B., Valetto, A., Allen, SL., Schulman, P., Vinciguerra, VP., Rai, K., Rassenti, LZ., Kipps, TJ., Dighiero, G., Schroeder, HW., Ferrarini Jr.M. and Chiorazzi, N. (1998). Chronic lymphocytic leukemia B cells express restricted set of mutated and unmutated antigen receptors. *J Clin Invest.* **102**, 1515-1525.

Gaiger, A., Heintel, D. and Jäger, U. (2004). August. molecular diagnostic and therapeutic targets in chronic lymphocytic leukaemia. *European Journal of Clinical Investigation.* **34**, no. s2, 25-30.

Gozzetti, A., Crupi, R. and Tozzuoli, D. (2004). The use of fluorescence in situ hybridization (FISH) in chronic lymphocytic leukemia (CLL). *Hematology.* **9**, 11-15.



Hallek, M., Langenmayer, I., Nerl, C., Knauf, W., Dietzfelbinger, H., Adorf, D., Ostwald, M., Busch, R., Kuhn-Hallek, I., Thiel, E. and Emmerich B. (1999). Elevated serum thymidine kinase levels identify a subgroup at high risk of disease progression in early, nonsmoldering chronic lymphocytic leukemia. *Blood*. **93**, 1732.

Hamblin, T.J., Davis, Z., Gardiner, A., Oscier, DG. and Stevenson, FK. (1999). Unmutated Ig V(H) genes are associated with a more aggressive form of chronic lymphocytic leukemia. *Blood*. **94**, 1848-1854.

Han, T., Bhargava, A. and Henderson, ES. (1989). Prognostic significance of beta-2-microglobulin ( $\beta$ -2m) in chronic lymphocytic leukemia (CLL) and non-Hodgkin's lymphoma (NHL). *Proc Am Soc Onco*. **18**, 270.

Ivan, A. and Ian, W.F. (2003). Chronic lymphocytic leukemia: advances in biology and therapeutics. *Current Opinion in Oncology*. **15**, 16-22.

Kim, J., Krichevsky, A., Grad, Y. and Hayes, GD., (2003). Identification of many microRNAs that copurify with polyribosomes in mammalian neurons. *Proc. Natl. Acad Sci, USA. Proc Natl Acad Sci*. **10**, 1073.

Kröber, A., Seiler, T., Leupolt, E., Dohner, H. and Stilgenbauer, S. (2000). IgV<sub>H</sub> mutated and unmutated B-CLL tumors show distinct genetic aberration patterns. *Blood*. **96** (Suppl 1), 835a.

Küppers, R., Klein, U., Hansmann, ML. and Rajewsky, K. (1999). Cellular origin of human B-cell lymphomas. *N Engl J Med.* **341**, 1520-1529.

Lagneaux, L., Delforge, A., Bron, D., Bruyn, C.D. and Stryckmans, P. (1998). Chronic Lymphocytic Leukemic B Cells But Not Normal B Cells Are Rescued From Apoptosis by Contact With Normal Bone Marrow Stromal Cells. *Blood.* **91**, 2387-2396.

Lee, Y., Jeon, K., Lee, JT., Kim, S. and Kim, VN. (2002). MicroRNA maturation, stepwise processing and subcellular localization. *EMBO J.* **21**, 4663–4670.

Lossos, IS., Tibshirani, R., Narasimhan, B. and Levy, R. (2000). The inference of antigen selection on Ig genes. *J Immunol.* **165**, 5122-5126.

Lund, E., Guttinger, S., Calado, A., Dahlberg, JE. and Kutay, U. (2004). Nuclear export of microRNA precursors. *Science.* **303**, 95–98.

Matutes, E., and Catovsky, D., (1993). CLL should be used only for the disease with B-cell phenotype. *Leukemia*, **7**, 917-918.

Michael, Z., Connor, M., Young P. and James, J. (2003). Human microRNA genes are frequently located at fragile sites and genomic regions involved in cancers. *Mol. Cancer Res.* **1**, 882–891.

Moss E.G. (2003). MicroRNAs in Noncoding RNAs. *Molecular Biology and Molecular Medicine*. **17**, 98–114.

Mourelates, Z., Dostie, J., Paushkin, S., Sharma, A., Charroux, B., Abel, L., Rappsilber, J., Mann, M. and Dreyfuss, G. (2002). miRNPs: a novel class of ribonucleoproteins containing numerous microRNAs. *Genes Dev*. **16**, 720-728.

Nelson, P., Marianthi, K., Anup, S., Elsa, M. and Zissimos, M. (2003). The microRNA world: small is mighty. *Trends Biochem Sci*. **28**, 534–540.

Rai, KR., Sawitsky, A. and Cronkite, EP. (1975). Clinical staging of chronic lymphocytic leukemia. *Blood*. **46**, 219-234.

Rosenwald, A., Ash, A., Simon, R., Davis, R.E., Yu, X., Yang, L., Powell, J., Botstein, D., Michael, R.G., Bruce, D.C., Nicholas, C., Wyndham, H.W., Thomas, J.K., Patrick, O.B. and M Staudt, L. (2001). Relation of Gene Expression Phenotype to Immunoglobulin Mutation Genotype in B Cell Chronic Lymphocytic Leukemia. *The Journal of Experimental Medicine* . **194**, 1639–1647.

Rozman, C. and Montserrat, E. (1995). Chronic lymphocytic leukemia. *New England Journal of Medicine*. **333**, 1052–1057.

Schroeder, HW.Jr., and Dighiero, G. (1994). The pathogenesis of chronic lymphocytic leukemia: analysis of the antibody repertoire. *Immunol Today*. **15**, 288-294.

Schwarz, D.S. and Zamore, P.D. 2002. Why do miRNAs live in the miRNP. *Genes Dev.* **16**, 1025–1031.

Stilgenbauer, S., Döhner, H. and Lichter, P. (2003). Evaluation of the Clinical Impact of Expression Profiling in Chronic Lymphocytic Leukemia. *Molecular Medicine.* **15**, 156-157.

Stilgenbauer, S., Lichter, P., and Dohner, H. 2000. Genetic features of B-cell chronic lymphocytic leukemia. *Rev Clin Exp Hematol.* **4**, 48-72.

Thunberg, U., Johnson, A. and Roos, G. (2001). CD38 expression is a poor predictor for VH gene mutational status and prognosis in chronic lymphocytic leukemia. *Blood.* **97**, 1892-1893.

## **Appendix A: The significance test and SAS program**

### **A.1 Theory**

One of the statistical analyses is to compare two groups, e.g., mutated B-CLL (M-CLL) and unmutated B-CLL (UM-CLL). Physical, chemical or biological properties or behaviors of the two groups are called responses or variables. Each group has a number of elements (or samples in the terminology of applications). Each element gets a response. The average of the responses of all elements in a group is one of the statistics of the group, which is called mean. The difference between two groups can then be represented by the difference between two means. Note that the response or variable is random, i.e., what value of the variable for a particular element is uncertain. As such, the mean is also a random variable in nature. This implies that the means of two groups will always be of different values. In other words, we cannot get any conclusion about whether two groups are different or not based on an arithmetic evaluation of the difference of their means (they are always different!). Nevertheless, the statistics concerns what is so-called “significant” difference. The test for significant difference between two groups is generally called the significance test.

Suppose we have two groups (1, 2). We have  $n_1$  elements for group 1 and  $n_2$  elements for group 2. Then we have a mean for group 1 ( $\mu_1$ ) and a mean for group 2 ( $\mu_2$ ). The significance test is based on the following procedure.

There are two types of hypotheses defined as follows.

- (i) The null ( $H_0$ ):  $\mu_1 = \mu_2$
- (ii) The alternative ( $H_a$ ):  $\mu_1 \neq \mu_2$

$H_0$  states that there is no significant difference between two groups, while  $H_a$  states that there is significant difference between two groups.

To test the hypotheses above, we define statistics quantities (or statistics if confusion does not arise). The most popular statistics in this case is the t-statistics. The t-test is named for the testing of the aforementioned hypotheses using the t-statistics. The t-statistics is defined as follows:

*(i) The variances of the two groups are equal (Pooled model):*

$$DF = n_1 + n_2 - 2 \quad (I-1)$$

$$S^2 = \frac{\sum_{i=1}^n (X_i - \bar{X})^2}{n - 1} \quad (S=S_1 \text{ when } n=n_1; S=S_2 \text{ when } n=n_2) \quad (I-2)$$

$$S_p^2 = \frac{(n_1 - 1)S_1^2 + (n_2 - 1)S_2^2}{(n_1 + n_2 - 2)} \quad (I-3)$$

$$t = \frac{(\bar{X}_1 - \bar{X}_2) - (\mu_1 - \mu_2)}{\sqrt{S_p^2 \left( \frac{1}{n_1} + \frac{1}{n_2} \right)}} \quad (I-4)$$

In the above  $S$  is the standard deviation of the sample,  $X$  is the response of an element in a group, and  $\bar{X}$  is the mean of the responses of all elements in the group. It is noted that in statistics, we have the concept: population and sample. Both are, mathematically, a set which contains elements. Yet, the sample is a portion of the population, as we may not be able to get all elements of the population. Usually, the mean of a population is denoted by  $\mu$ ; while the mean of a sample is denoted by  $\bar{X}$ .

(ii) *The variances of the two groups are unequal (Satterthwaite Model):*

$$DF = \frac{\left( \frac{S_1^2}{n_1} + \frac{S_2^2}{n_2} \right)^2}{\frac{\left( \frac{S_1^2}{n_1} \right)^2}{n_1 - 1} + \frac{\left( \frac{S_2^2}{n_2} \right)^2}{n_2 - 1}} \quad (\text{I-5})$$

$$t = \frac{(\bar{X}_1 - \bar{X}_2) - (\mu_1 - \mu_2)}{\sqrt{\left( \frac{S_1^2}{n_1} + \frac{S_2^2}{n_2} \right)}} \quad (\text{I-6})$$

From the above equations, in particular with the  $t$ -value and  $DF$  value, we can determine the  $P$ -value from the standard table that can be found from any statistics text book (e.g., Berk and Carey, 2004). If a computer aided statistic software program (e.g., SAS) is used, the  $P$ -value can be calculated by that program automatically. The  $P$ -value is the probability of the event that the difference between two means is due to some chance-based causes rather than some structural-based causes. Therefore, the smaller

the P-value the more likelihood the  $H_0$  hypothesis is rejected (i.e., in other words two groups have significant difference based on their means). There are a couple of things to be remarked.

First, in the above procedure, the meaning of “small” needs to be defined. This is done by giving the so-called confidence level or significant level; often this value takes 0.10, 0.05, 0.01 depending on the application domain. The significance level has the same value of the type I error in the hypothesis test above, denoted by  $\alpha$ . The type I error is an error that  $H_0$  is correct but is wrongly rejected.

Second, in the above procedure, the procedure to determine the equal variance or unequal variance is the Levene test procedure. The Levene test is defined as:

$$H_0: \sigma_1 = \sigma_2 = \dots = \sigma_k$$

$$H_a: \sigma_i \neq \sigma_j \text{ for at least one pair (i, j).}$$

where  $\sigma_i$  is the standard deviation of sample i (or group i), and k is the total number of groups. The test statistics used for the Levene test is the F-statistics which is defined as

$$\text{F-statistics} = \frac{BSV}{WSV} \quad (\text{I-7})$$

where BSV: Between-sample-variation, and

WSV: Within-sample-variation.

The Levene test then proceeds as follows. Given samples or groups (1, 2, ..., k) we can calculate the F-statistics, say  $F=1.7059$ . After that, we have two alternative ways to test



the hypothesis. One way is to find the critical F-value (denoted by  $F_c$ ) given the significant level (e.g.  $\alpha=0.05$ ). The other way is to find the P-value. Note that the standard programs are available to perform both calculations. By taking the first way, if  $F > F_c$  we reject the null hypothesis at  $\alpha$  level (e.g.  $\alpha=0.05$ ) (i.e., the unequal variance situation). By taking the second way, if  $P\text{-value} < \alpha$ , we reject the null hypothesis.

Third, there are two assumptions behind the t-test: (i) the dependent variable (e.g., the miRNA expression) should be continuous and follow the normal distribution, and (ii) the independent variable (e.g., patient sample) should be mutual exclusive (i.e., each element appears either in group 1 or group 2, but not both). For a particular t-test program, any departure away from the assumptions may lead to error in the test.

Last, the meaning of difference of two quantities (e.g.,  $\mu_1$  and  $\mu_2$ ) could be: (i)  $\mu_1 \neq \mu_2$ , (ii)  $\mu_1 > \mu_2$ , and (iii)  $\mu_1 < \mu_2$ . The (i) is called two-tail, while (ii) and (iii) are called one-tail. As a convention, the standard program will take the two-tail as a default when it comes out with the P-value and F-statistics. If a particular problem is on-tail, the corresponding P-value and F-statistics must divide by 2.

## **A.2 Software**

SAS is a program which implements many statistical analysis methods, including the significance test. In SAS, a particular module or procedure called ‘t-test’ can be used to perform the significance test based on the t-statistics (t-test for short). The following

example illustrates the input and output data files of SAS for the t-test which includes the Levene test.

**Table A.1** shows an example of miRNA (mir-26a). The SAS input for this example is given in **Figure A.1**. The SAS output file is given in **Figure A.2**. From the lower portion of **Figure A.2** we can find (i)  $F = 9.42$ , and (ii)  $\{Pr > F\} = 0.0924$ . Now because  $\{Pr > F\} > 0.05$ , the null hypothesis is accepted; in other words, the two groups in the example have any equal variance. Then we read out from the output T-Tests, specifically the line for the equal variance, the following:  $\{Pr > |t|\} = 0.0107$ . Since  $\{Pr > |t|\} < 0.05$ , we conclude that the two groups have significance difference in their means. It is noted that the terms ('std Dev', 'std Err', 'DF', 'Num DF', 'Den DF') are not informative to the purpose of the t-test.

**Table A.1.** The expressions of mir-26a in the two groups (UM, M)

Rep	M	UM
1	4271839.8	
2	5154553.9	
3	2639191	
4	3606797	
5	3216792.2	
6	3688059.3	
7	1894745.6	
8	2793187.3	
9		1421870.9
10		1568594.1
11		1803838.1
12		2179905.6

```

data first;
input Rep species$ intensity;
Cards;
1      M      4271839.8
1      M      5154553.9
1      M      2639191
1      M      3606797
1      M      3216792.2
1      M      3688059.3
1      M      1894745.6
1      M      2793187.3
2      UM      1421870.9
2      UM      1568594.1
2      UM      1803838.1
2      UM      2179905.6
;
proc ttest;
class species;
var intensity;
title 'T-test using SAS ttest';
run;

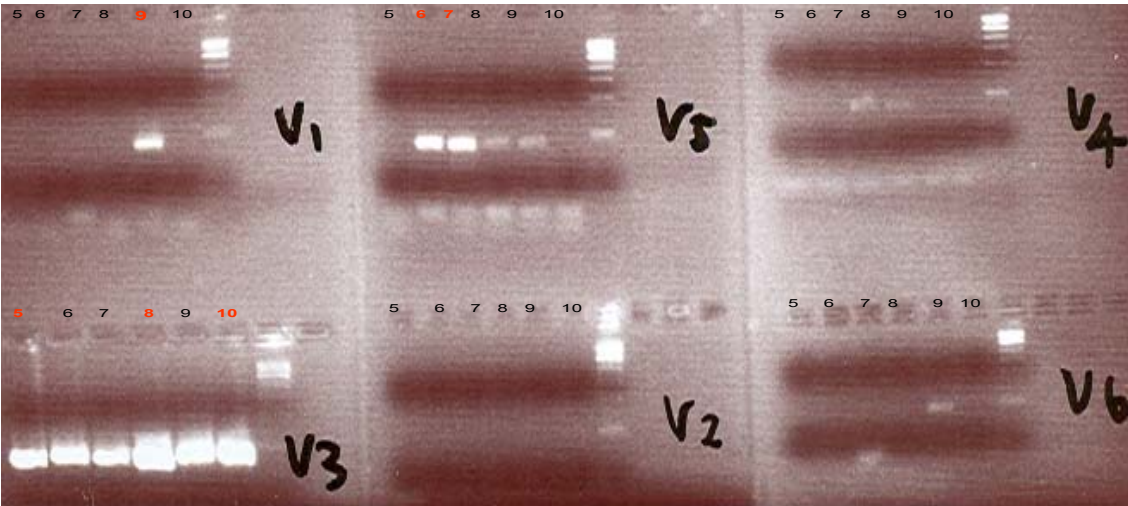
```

**Figure A.1.** The SAS input file for mir-26a expression

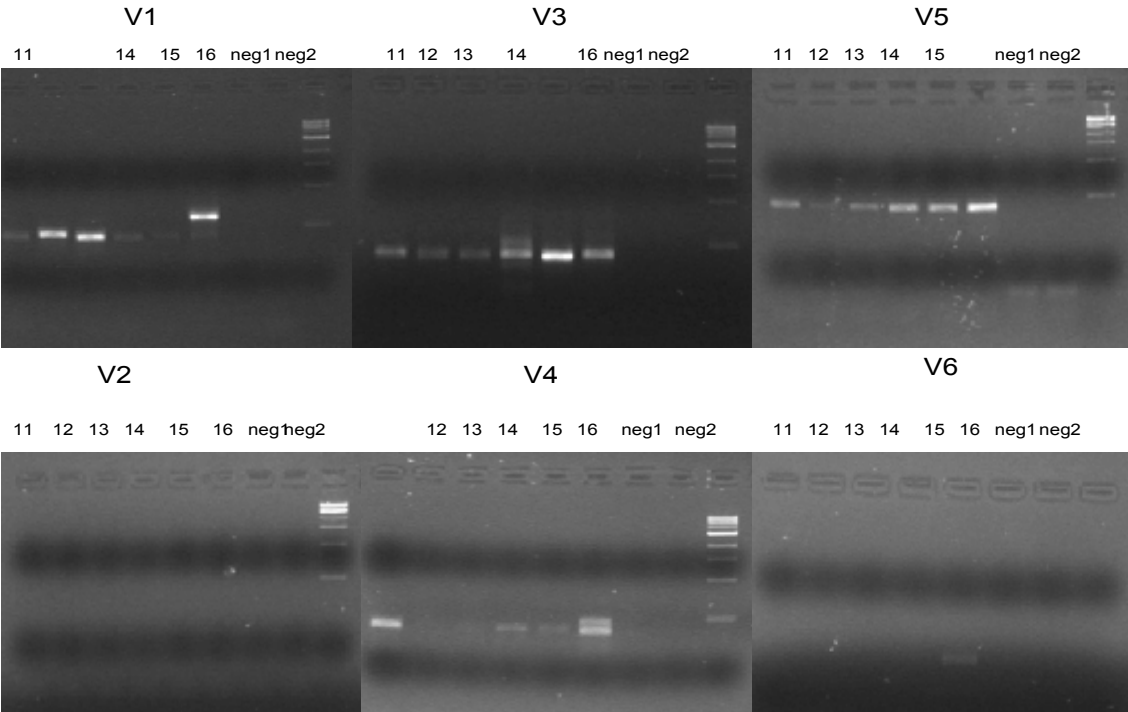
T-test using SAS ttest 10:56 Friday, August 13, 2004 1										
The TTEST Procedure										
Statistics										
Variable	patients	N	Mean	Mean	Mean	Std Dev	Std Dev	Std Dev	Std Err	
intensity	M	8	2.56E6	3.41E6	4.26E6	671027	1.01E6	2.07E6	358822	
intensity	UM	4	1.22E6	1.74E6	2.27E6	187350	330720	1.23E6	165360	
intensity	Diff (1-2)		479930	1.66E6	2.85E6	606650	868235	1.52E6	531683	
T-Tests										
Variable	Method		Variances		DF	t Value	Pr >  t			
intensity	Pooled		<b>Equal</b>		10	3.13	<b>0.0107</b>			
intensity	Satterthwaite		Unequal		9.31	4.21	0.0021			
Equality of Variances										
Variable	Method		Num DF	Den DF	F Value	Pr > F				
intensity	Folded F		7	3	9.42	0.0924				

**Figure A.2.** The SAS output file for mir-26a expression

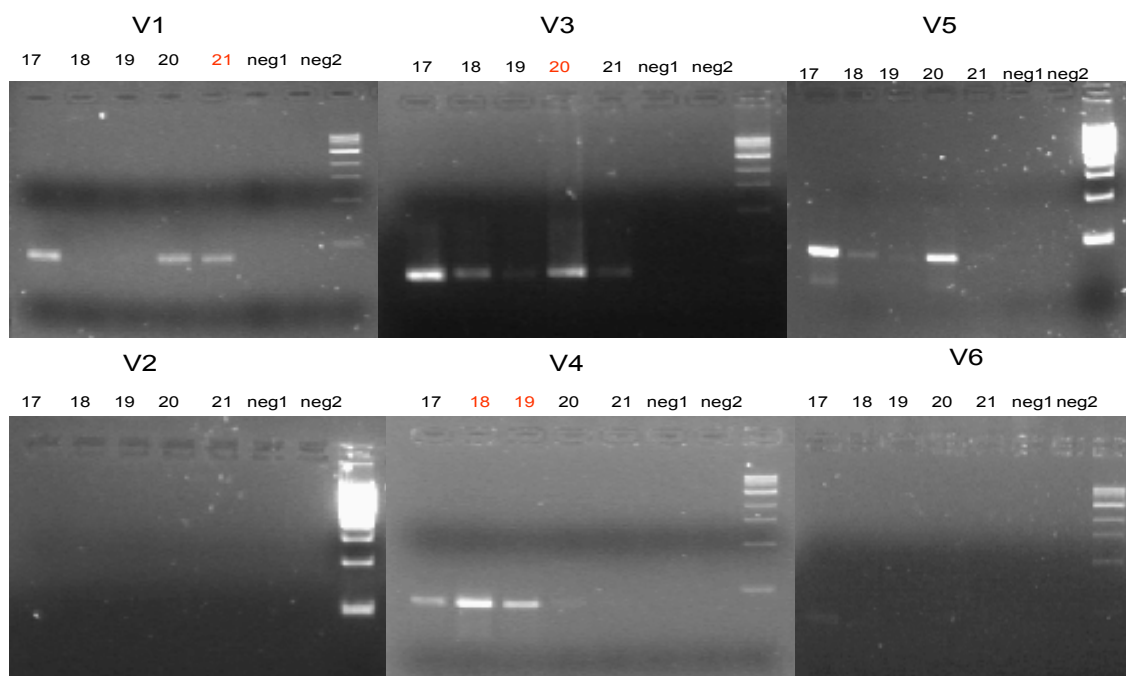
**Appendix B: RT-PCR results**



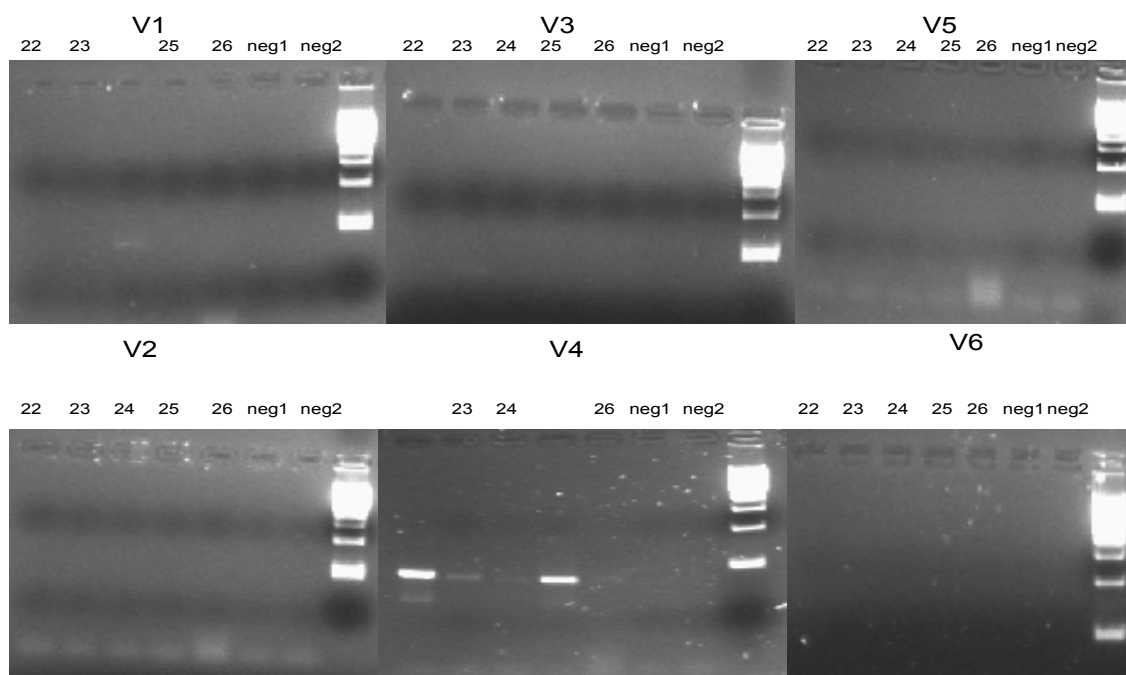
**Figure B.1.** The RT-PCR products from PT5-PT10 analyzed on a 2 % agarose gel, stained with the ethidium bromide.



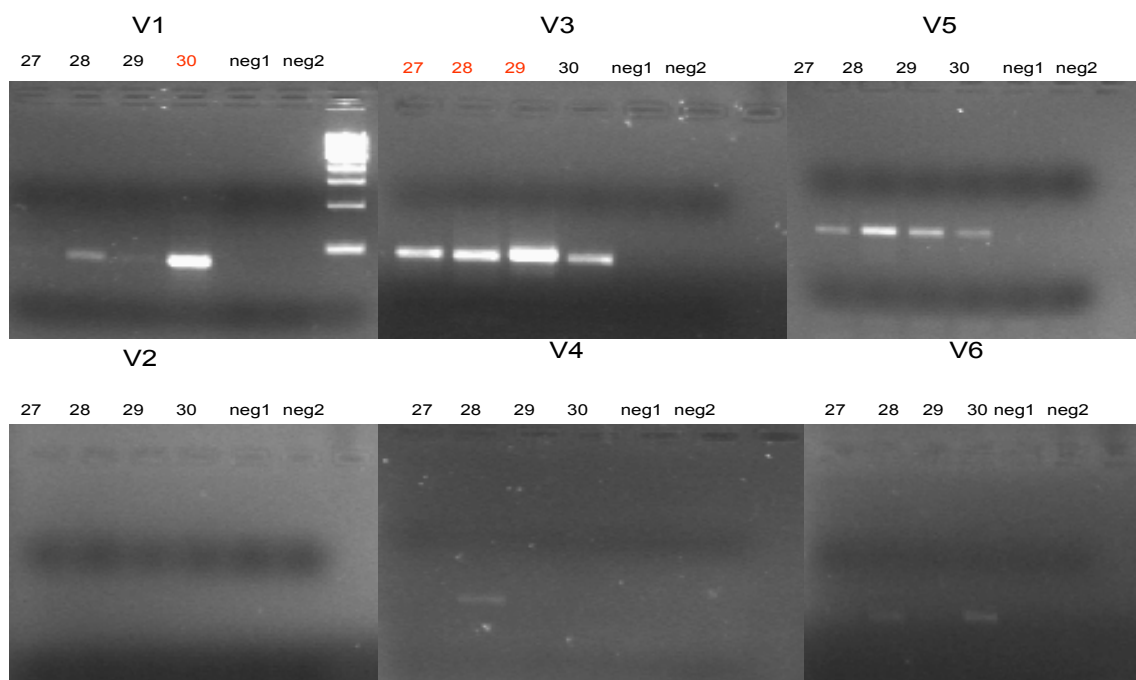
**Figure B.2.** The RT-PCR products of PT11-PT16 analyzed on the 2 % agarose gel, stained with the ethidium bromide.



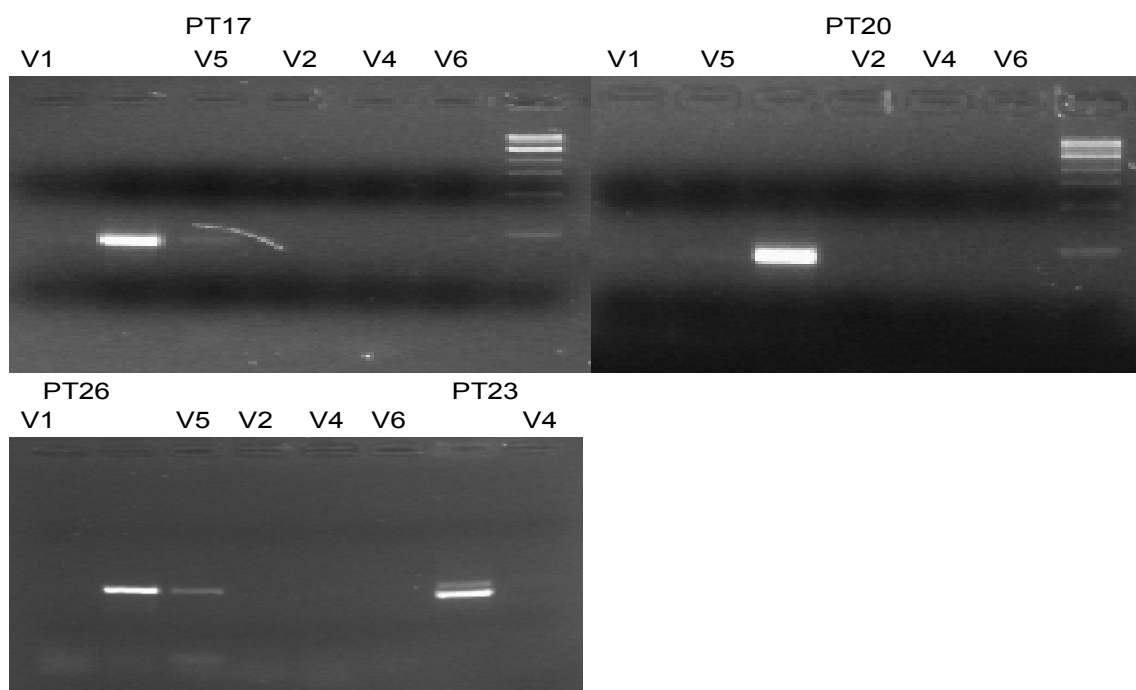
**Figure B.3.** The RT-PCR products of PT17-PT21 analyzed on 2 % agarose gel, stained with the ethidium bromide.



**Figure B.4.** The RT-PCR products of PT22-PT26 analyzed on 2 % agarose gel, stained with the ethidium bromide.



**Figure B.5.** The RT-PCR products of PT27-PT30 analyzed on 2 % agarose gel, stained with the ethidium bromide.



**Figure B.6.** The reanalysis of RT-PCR products for PT17, PT20, PT 23, and PT26 on a 2 % agarose gel, stained with the ethidium bromide.

### **Appendix C: The IGV<sub>H</sub> gene sequences of 30 Patients**

PT1

CCAGATGGGTCTGTCCAGGTGCAGCTCAGCAGTGGGGCNCAGGACTGTTGA  
AGCCTTCGGAGACCCTGTCCCTCACCTGCGCTGTCTATGGTGGGTCCTTCAG  
TGATTACTACTGGACCTGGGTCCGCCAGCCCCAGGGGGGGGTCTGGAGTG  
GATTGGGNAAATCCATCACATTGGAGGTGCCAAATACAATCCGTCCCTCAA  
GAGTCCAGTCACCATATCAATGGACACGTCCAAGAGCCAGTTCTCCCTGAG  
ACTGATTTCTGTGACCGCCGCGGACACGGCTGTATATTACTGTGCGAGACTC  
CCTCCGGAGTGGTTATTTCTTTTGA CTCTGGGGCCCGGGGAACCCCGGTC  
ACCGTCTCCTCAGGTAC

PT2

CCTCCTCCTGGCTGTTCTCCAAGGAGTCTGTGCCGAGGTGGCAGCTGGTGCA  
GTCTGGAGCAGAGGTGAAAAAGCCCGGGGAGTCTCTGAAGGTCTCCTGTCA  
GGGTTCTGGATTCACTTTACCAGCTATTGGATCGGCTGGGTGCGCCAGATG  
CCCGGGAAAGGCCTGGAGTGGATGGGAATCATCGATCCTGATGACTCTGAT  
ACCAGATACAGCCCGTCCTTCCAAGGCCAGGTCACCATCTCAGCCGACAAG  
TCCATCAGCACCGTCTACCTGCAGTGGGGCAACCTGAGGGCCTCGGACACC  
GCCATTTATTACTGTGCGAGACTCGGATATAGTTATGGGCAACTTACGGCGT  
ACATCCAGCACTGGGGCCAGGGCACCTGGTCACCGTCTCCTCAGGTAA

PT3

GGTTTTCTTGTTGCTATTTTAAAAGGTGTCCAGTGTGAGGTGCAGCTGGTG  
GAGTCCGGGGGAGGCTTAGTTCAGCCTGGGGGGTCCCTGAGACTCTCCTGT  
GCAGCCTCTGGATTCACCTTCAGTAGCTACTGGATGCACTGGGTCCGCCAAC  
CTCCAGGGAAGGGGCTGGTGTGGGTCTCACGTATTAATAGTGATGGGAGTA  
GCACAAGGTACGCGGACTCCGTGAAGGGCCGATTACCATCTCCAGAGACA  
ACGCCAAGAACACGCTGTATCTGCAAATGAACAGTCTGAGAGCCGAGGACA  
CGGCTGTGTATTACTGTGCAAGAGCCGTAGCGGGTTCGGGGAATTATTATA  
ACTACTGGGGCCAGGGAACCCTGGTCACCGTCTCCTCAGGTA

PT4

GGTTTTCTCTCGTTGCTCTTTTAAGAGGTGTCCAGTGTGAGGTGCAGCTGGTG  
GAGTCTGGGGGAGGCGTGGTCCAGCCTGGGAGGTCCCTGAGACTCTCCTGT  
GCAGCGTCTGGATTCACCTTCAGTAGCTATGGCATGCACTGGGTCCGCCAGG  
CTCCAGGCAAGGGGCTGGAGTGGGTGGCAGTTATATGGTATGATGGAAGTA  
ATAAATACTATGCAGACTCCGTGAAGGGCCGATTACCATCTCCAGAGACA  
ATTCCAAGAACACGCTGTATCTGCAAATGAACAGCCTGAGAGCCGAGGACA  
CGGCTGTGTATTACTGTGCGAGAGAATTCCTGAGGTATTACGATTTTTGGAG  
TGGCTATAACGATGCTTTTGATATCTGGGGCCAAGGGACAATGGTCACCGTC  
TCCNTCAGGTAA

PT5

TGGCTTTTTCTTGTTGGCTTTTTAAAAGGTGTCCAGTGTGAGGTGCAGTTGTTG  
GAATCTGGGGGAGGCTTGGTACAGCCGGGGGGGTCCCTGAGACTCTCCTGT  
GCAGCCTCTGGATTCACCTTTAGCAGCCGTGCCATGAGCTGGGTCCGCCAGG



CTCCAGGGAAGGGGCTGGAGTGGGTCTCAGGTATTAGTGGTAGTGGAGGGA  
GGACATATCACGGAGACTCCGTGAAGGGCCGGTTCACCATCTCCAGAGACA  
ATTTCAAGAACACAGTGTATCTGCAAATGAACAGCCTGAGGGCCGAGGACT  
CGGCCGTATATTACTGTGCGAAAGATATGTATTATAACCCTATGGACTATGA  
TACCAGTGCATTTGACTACTGGGGCCAGGGAACCCTGGTCACCGTCTCCTCA  
GGTA

PT6

AGGTTNCCTGTCTCGTNTGCAGGAGTCTGTGCCGAAGTGCAGCTGGTGCAGT  
CCGGANNAGAGGTGAAAAAGCCCGGGGAGTCTCTGACGATCTCCTGTNAGG  
GTTNTGGATACAGTCTTTACCAACTACTTGGATCATGCTGGGTGCGCCANAT  
GCCCCGGGAAAGGCCTGGAGTGGATGGGNAGNATTGATCCTAGTGACTCTTA  
TACCAANTACAGCCCGTCCTTCCAAGGCCNCGTCANCATCTCAGTTGACAA  
GTCCTATCATCACTGCCTACCTGCAGTGGAGCANCCTGAAGGCCTCGGACA  
CTCGCCATGTATTACTGTGCGAGACTTCTCAGGNANGGACNACTGGTTGCCA  
NGCT

PT7

CAAGGAGTCTGTGCCGAGGTGCAGCTGGTGCAGTCTGGAGCAGAGGTGAAA  
AAGCCCGGGGAGTCTCTGAAGATCTCCTGTAAGGGTTCTGGATACAGCTTTA  
CCAANTACTGGATCAGGCTGGGTGCGCCAGATGCCCGGGAAAGGCCTGGAG  
TGGATGGGGATCATNTATCCTGGTGACTCTGATACCAAATACAGCCCGTCCT  
TCCAAGGCCAGGTCACCATCTCAGCCGACAAGTCCATCAACACCGCCTACC

TGCAGTGGAGCAGCCTGAAGGCCTCGGACACCGCCATGTATTACTGTGCGA  
GGACC

PT8

TNGGGTTTTCTTGTTGCTATTTTAAAGGTGTCCAGTGTGAGGTGCAGTTGG  
TGGAGTCTGGGGGAGGCTCAGTTCAGCCTGGGGGGTCCCTGAGACTCTCCT  
GTGGAGCCTCTGGATTCATCTTCAGGAACACTGGATGCACTGGGTCCGCCA  
AGTTCCAGGGAAGGGGCTGGTGTGGGTCTCACGCATTGATAGTGACGGTAT  
TGGGACAACTCACGCGGACTCCGTGAAGGGCCGATTCATCACCTCCAGAGA  
CAACGCCAAGAACACGCTGTATCTGCAAATGAACAGTCTGAGAGTCGAGGA  
TATGGCTGTGTATTATTGTGCAAGAGGACACTACTACGATATGGATGTCTGG  
GGCCAAGGGACCACGGTCACCGTCTCCTCAGGTA

PT9

CTCTTCGTGGTGGCAGCAGCTACAGGTGTCCAGTCCCAGGTGCAGCTGGTGC  
AGTCTGGGGCTGAGGTGAAGAAGCCTGGGTCCTCGGTGAAGGTCTCCTGCA  
AGGCTTCTGGAGGCACCTTCAGCAGCTATGCTATCAGCTGGGTGCGACAGG  
CCCCTGGACAAGGGCTTGAGTGGATGGGAGGGATCATCCCTATCTTTGGTA  
CAGCAAACACTACGCACAGAAGTTCCAGGGCAGAGTCACGATTACCGCGGACG  
AATCCACGAGCACAGCCTACATGGAGCTGAGCAGCCTGAGATCTGAGGACA  
CGGCCGTGTATTACTGTGCGAGACCTGCGGATAGCAGCTCGTCCATATCCTA  
CTACTACGGTATGGACGTCTGGGGCCAAGGGACCACGGTCACCGTCTCCTC  
AGGTA

PT10

CCTTGTGCTACTATAAAAGGTGTCCAGTGTACGTGCAAGTGGTGGAGTTT  
GGGGGAGGGTTGGTCAAGTCTGGAGGGTCCCTGACACTCTCCTGTGCAGCC  
TCGGGATTCAGCTTCAGTGACTACCAGATGACTTGGGTCCGCCAGCCTCCAG  
GGAAGGGGCTGGAGTGGATTTAGACATTAGCAGTAGTAGTACTTACACNG  
AAATACGCAGAATCTGTGAAGGGCCGATTCACCATCTCCAGAGACAACGCC  
AAGAATTTATTGTATCTGCAAATGAACAACGTGAGAGCCGATGACACGGCT  
GTGTATTATTGTGCGAGAGGCAAATATTATGGTAGTAGTGGCACTTATTACT  
TTGACAACCTGGGGCCAGGGAACCCTGGTCACCGTCTCCTCAGGTA

PT11

CCTCCTCCTCGGTGGCAGCTCCCAGATGGGTCCCTGGTCCAGGTGCAGCTGCA  
GGAGTCGGGCGTACGACTGGTGCAATGATGGTTGATATTGCATGTGGACCC  
GGCAGTCCCCAGGGGAGGGACTGGAGTGCATTGAATCTATCTAATATTCTG  
GGAGCATCAACTACAATCCCTCCCTCAGGAGTCGAGTCACCGTTTCACTAAG  
GACGTCCAAGAATTAGTTCTCCCTGAAGTTGAGGTCTGTGACCGCTGCGGAC  
ACCGTCGTATATTCGTGTGCGAGAGAGAGGTTGGGGGTTGTCTAGTGGTG  
GTAGCTGCTACGGACGAACCTCACAGTACTTCTACTACATGGACGTCTGGGA  
CTAAGGGACCTCGGTACCGTCTCCTCAGGTA

PT12

TATCTTCTTGGTGGCAGCAGCCACAGGAGCCCACTCCCAGGTGCAGCTGGT  
GCAGTCTGGGGCTGAGGTGAAGAAGCCTGGGGCCTCAGTGAAGGTCTCCTG  
CAAGGCTTCTGGATACACCTTCACCGGCTACTATATGCACTGGGTGCGACAG

GCCCCTGGACAAGGGCTTGAGTGGATGGGATGGATCAACCCTAACAGTGGT  
GGCACA AACTATGCACAGAAGTTTCAGGGCTGGGTCAACCATGACCAGGGAC  
ACGTCCATCAGCACAGCCTACATGGAGCTGAGCAGGCTGAGATCTGACGAC  
ACGGCCGTGTATTACTGTGCGAGAGGACCTATTTGTAGTGGTGGTAGCTGCT  
ACTCGGACCCACCCTGGTACTACTACTACGGTATTGGACGTCTGGGGCCAA  
GGGACCACGGTCACCGTCTCCTCAGGTA

PT13

TTCTCTTTGTGGTGGCAGCAGCTACAGGTGTCCAGTCCCAGGTCCAGCTGGT  
GCAGTCTGGGGCTGAGGTGAAGAAGCCTGGGTCCCTCGGTGAAGGTCTCCTG  
CAAGGCTTCTGGAGGCACCTTCAGCAGCTATGCTATCAGCTGGGTGCGACA  
GGCCCCTGGACAAGGGCTTGAGTGGATGGGAAGGATCATCCCTATCCTTGG  
TATAGCAA AACTACGCACAGAAGTTCCAGGGCAGAGTCACGATTACCGCGGA  
CAAATCCACGAGCACAGCCTACATGGAGCTGAGCAGCCTGAGATCTGAGGA  
CACGGCCGTGTATTACTGTGCGAGCTCTTACGATTTTTTGGAGTGGTTATCCC  
CCTTTCCTTGACTACTGGGGCCAGGGAACCCTGGTCACCGTCTCNTAGGTA

PT14

CCTCTCCTGGCTGTTCTCCAGGAGTCTGTGCCGAGGTGAGCTGGTGCAGTCT  
GGAGCAGAGGTGAAAAAGCCCGGGGAGTCTCTGAAGATCTCCTGTAAGGGT  
TCTGGATACANCTTTACCACCTACTGGATCGGCTGGGTGCGCCAGATGCCCCG  
GGAAAGGCCTGGAGTGGATGGGGATCATCTATCCTGGTGACTCTGATNCCA  
GATACAGCCCGTCCTTCCAAGGCCAGGTCAACCATCTCAGCCGACAAGTCCA

TCANNACCGCCTACCTGCAGTGGAGCAGCCTGAAGGCCTCNGACACCGNCA  
TGTATTACTGTGCGAGAC

PT15

GGTTTCTCCTCGTTGCTCTTTTAAGAGGTGTCCAGTGTACATGCAGCTGGT  
GGAGTCTGGGGGAGGCGTGGTCCAGCCTGGGGGATCCCTGACACTCTCCTG  
TGCAGCCTCTGGATTACCTTCAGTGGCTATGGCATGCACTGGGTCCGCCAG  
GCTCCAGGCAAGGGGTTAGAGTGGGTGGCAGTTATTTCAATTTGACGGAAGT  
AGTGAATACTATGAAAACCTCCGTGAGGGGCGGATTACCGTCTCCAGAGAC  
AATTCCAAGAGCACACTGTATCTGCAAATGGACAGCCTGAGACCTGAGGAC  
ACGGCTGTATTTTACTGTGCGAAAGGCCAAAGAGAATTTGGGGGAGCCCCT  
GACTACTGGGGCCAGGGAACCCTGGTCACCGTCTCCTCAGGTA

PT16

CGCCTCCTCCTGGCTGTTCTCCAAGGAGTCTGTGCCGANGTGCAGCTGGTGC  
AGTCTGGAGCAGAGGTGAAAAAGCCCGGGGAGTCTCTGAAGATCTCCTGTN  
AGGNTTCTGGATACANNTTACCACCTACTGGATCNNCTGGGTGCGCCAGA  
TGCCCGGGAAAGGCCTGGAGTGGATGGGGANCATNNATCCTGGTGACTCTG  
ATACCANATACAGCCCGTCCTTCCAAGGCCANGTCACCATCTCAGCCGACA  
AGTCCATCANCACCGCCTACCTGCAGTGGAGCAGCCTGAAGGCCTCGGACA  
CCGCCATGTATTACTGTGCGAGNCNNNGTTATNNNGATGNGGNTTATCNAN  
ACTACTGCGGCCANGGAACCCAGGTCACCATCTCCTTAAGTACCT

PT17

TGGTTTTCTTGTTGTTATTATAAAAGGTGTCCAGTGTGTCAGGTGCAGCTGGT  
GGAGTCTGGGGGAGGCTTGGTCAAGCCTGGAGGGTCCCTGAGACTCTCCTG  
TGCAGCCTCTGGATTACCTTCAGTGACTACTACATGAACTGGATCCGCCAG  
GCTCCAGGGAAGGGGCTGGAGTGGGTTTCATACATTAGTAGTAGTGGTAGT  
ACCATATACTACGCAGACTCTGTGAAGGGCCGATTCACCATCTCCAGGGAC  
AACGCCAAGAAGTCACTGTATCTACAAATGAACAGCCTGAGAGCCGAGGAC  
ACGGCCGTGTATTACTGTGCGAGAGCTGTTTCTCGTAGTACCAACTGCTATG  
ACGACTGGGGCCAGGGAACCCTGGTCACCGTCTCCTCAGG

PT18

TCTCCCTGGTGGCAGCTCCCAGATGGGTTCGTGTCCCAGGTGCAGCTACAACA  
GTGGGGCGCAGGACTATTGAAGTCTTCGGAGACCCTGTCCCTCACCTGCGCT  
GTCTATGGTGGGACCTTCAGTGGTTACTACTGGGGCTGGATCCGCCAGCCCC  
CAGGGAAAGGGCTGGAGTGGATTGGGGAAATCAATCATGTTGGAAGGAAC  
AACCACAGCCCCGTCCCTCAAGAGCCGAGTCACCATGTCAGTAGACACGTCC  
AAGAACCAATTCTCCCTGAAGCTGAGCTCTGTGACCGCCGCGGACACGGCT  
CTCTATTACTGTGCGAGGTATAAGGGATATAGTGACTACGATTATTACTTTG  
ACTACTGGAGCCAGGGAACCCTGGTCACCGTCTCCNTCAGGTA

PT19

CTCCTGCTGGTGGCGGCTCCCAGATGGGTCCCTGTCCCAGCCTGCAACTGCAG  
GAGTCGGGGCCAGGGCTGGTGCAGCCTTCGGAGACCCTGTCCCTCACCTGC  
GCTGTCTCTGGTGCCTCCATCAGCACTAATAATTACTACTGGGGCTGGGTCC  
GCCAGCCCCCAGGGAAGGGGCTGGAGTGGATTGGGTGTATCCATCATAGTG

GGAGCACCTACTATAGTCCGTCCCTCAGGAGTCGAGTCATCATGTCCGTAGA  
CACGTCCAAGAACCAGTTCTCTCTGAATCTGAACTCTGTGACCGCCGCAGAC  
ACGGCTGTGTATTACTGTGCGAAACAGGGTGGCGCCTCTTCCGGGGACTACT  
GGGGCCAGGGAACCCTGGTCACCGTCTCCTCAGGTAC

PT20

TGGGTTCTCCTCGTTGCTCTTTTAAGAGGTGTCCAGTGTGAGGTGCAGCTGG  
TGGAGTCTGGGGGAGCCGTGGTCCAGCCTGGGAGGTCCCTGAGACTCTCCT  
GTGCAGCGTCTGGATTCACCTTCACTAACTATGGCATGCACTGGGTCCGCCA  
GGCTCCAGGCAAGGGGCTGGAGTGGGTGGCACTTATATGGTTTGATGGAAG  
TACTAAATACTATGCAGACTCCGTGAAGGGCCGATTTACCATCTCCAGAGA  
CAATTCCAAGAACACGCTGTTTCTGCAAATGAAAAGCCTGAGAGCCGAGGA  
CACGGCTGTGTATTACTGTGCGAGAGATACCTTAGGTTACCGTGATAGTCGT  
GGGTCTAACGGAGGTGTCTACTGGGGCCAGGGAACCCTGGTCACCGTCTCC  
TCAGGTA

PT21

CTCTCTTGGTGGCAGCAGCCACAGGAGCCCACTCCCAAGGTGCACGCTGGT  
GCAGTCTGGGGCTGAGGTGAAGAAGNCCTGGGGCCTCAGTGAAGGTCTCCT  
GCAAGGCTTCTGGATACACCTTCACCGACTACTNTATGCACTGGGTGCGACA  
GGCCCCTGGACAAGGGCTTGAGTGGATGGGACGGATCAACCCTGACNGTGG  
TGACACAACTATGCACNGAAGTTTCAGGACAGGGTCACCATGACCAGGGA  
CACGTCCATCAGNACAGCCTACATGGANCTGAGCAGGCTGACATCTGACGA  
CACGGCCGTGTATTANTGTGCGAGAGCCCACTCTTATTATAGTAGGNAC

PT22

CCTCCTCCTGGTGGCAGCTCCCAGATGGGTCGTGTCTCAGGTGCAGCTGCAG  
GAGTCGGGCCCAGGACTGGTGCAGCCTTCGGGGACCCTGTCTCTCACCTGC  
GCTGTCTCTGATGGCTCCATCAGCAGTAATAACTGGTGGTGGAGTTGGGTCC  
GCCAGCCCCCAGGGAAGGGGCTGGAGTGGATTGGGGACATCTGTCATAGTG  
GGTACACCAACTACAACCCGTCCCTCATGAGTCGAGTCACCATGTCAGTAG  
ACAAGTCCAAGAATCAGTTCTCCCTGAAGGTGACCTCTGTGAGCGCCGCGG  
ACACGGCCGTATATTACTGTGCGAGAGCCCTCGCATACTGTGGTGGGGACT  
GCTATCCCACATACTACTACTACCACGGTATGGACGTCTGGGGCCAGGGGA  
CCACGGTCACCGTCTNCTTCAGGTA

PT23

GGGGTTACCTCGTTGCTCTTTTAAGAGGTGTCCAGCGTCACGTGTAGTTGGT  
GGAGTCTGGGGGAGGTGTGGTCCAGCCTGGGGGGTCCCTGAGAGTCTCCTG  
TGCAGCCTCGGCATTACCCCTCAGAAGCTGTGGGGTCCGCCAGGCTCCAGG  
CAAGGGACTGGAGTGGGTGGCATGTCTCATTTAATGGAAGTAACAAATATT  
GATGCGAAAGATTCATCTGTCTGGTGACAACCCCAAATTAGATTCATCTGTCTG  
GTGACAACCCCAAATTAGGACGAAGTCCTACTTTGCCATGGACGTCTGGGG  
CCAAGGGACCACGGTCACCGTCTCCTTCAGGTAA

PT24

TATCTTTTTGGTGGCAGCAGCCACAGGTGCCCCTCCCAGGTCCAGCTTGTG  
CAGTCTGGGGCTGAGGTGAAGAAGCCTGGGGCCTCAGTGAAGGTTTCCTGC  
AAGGCTTCTGGATACACCTTCACTAGCTATGCTATGCATTGGGTGCGCCAGG



CCCCCGGACAAAGGCTTGAGTGGATGGGATGGATCAACGCTGGCAATGGTA  
ACACAAAATATTCACAGAAGTTCCAGGGCAGAGTCACCATTACCAGGGACA  
CATCCGCGAGCACAGCCTACATGGAGCTGAGCAGCCTGAGATCTGAAGACA  
CGGCTGTGTATTACTGTGCGAGAGAACAGTGGCTGGTACGGGTCTACTTTGA  
CTACTGGGGCCAGGGAACCCTGGTCACCGTCTCCTCAGGTA

PT25

CCTCCTCCTGGTGGCAGCTCCCAGATGGGTCCTGTCCCAGGTGCAGCTACAG  
CAGTGGGGCGCAGGACTGTTGAGGCCCTCGGAGACCCTGTCCCTCACCTGC  
GCTGTGTATGGTGGGTCCTTCAGTGGTTTCTATTGGAGCTGGATCCGCCAGC  
CCCCCGGAAAGGGGCTGGAGTGGATTGGGGAAATCAATCATAGTGGAAGC  
GCCAACTACAACCCGTCCCTCAAGAGTCGAGTCACCATATCATTAGACACG  
TCGAAGAGTCAGTTCTCCCTGAGGCTGAGCTCTGTGACCGCCGCGGACACG  
GCTGTGTATTACTGTGCGAGAGGCGAGGGTTCGGGGAGTTATTATAGTTACT  
TTGACTACTGGGGCCGGGGAACTCTGGTCACCGTCTCCTTAAGGT

PT26

TGGNTTTCCTTTTGGCTATTTTAAAAGGTGTCCAGTGTGAAGTGCAGCTGGT  
GGAGTCTGGGGGAGGCTTGGTACAGCCTGGCAGGTCCCTGAGACTCTCCTG  
TGCAGCCTCTGGATTCACCTTTCATGATTATGGCATGCACTGGGTCCGGCAA  
GCCCCAGGGAGGGGCCTGGAGTGGGTTCGCAGGTATTACTTGGAATAGTGGT  
TACATAGACTATGCGGACTCTGTGAAGGGCCGATTCACCATCTCCAGAGAC  
AACGCCAAGAACTCCCTGTATCTGCAAATGAACAGTCTGAGCGCTGAGGAC

ACGGCCTTGTATTACTGTGCAAAAGTTGGAGGCAGTACCTGGTCAAATATTG  
ACTACTGGGGCCAGGGAACCCTGGTCACCGTCTCCTCAGGTA

PT27

TGGTTTTCTTGTGCTATTTTAAAAGGTGTCCAGTGTGAGGTGAGCTGGTG  
GATCTGGGGGAGGCTTGGTACAGCCTGGGGGGTCCCTGAGACTCTCCTGTG  
CAGCCTCTGGATTACCTTCAGCAGCTATGCCATGAACTGGGTCCGCCAGGC  
TCCAGGGAAGGGGCTGGAGTGGGTTTCATACATTAGTAGTAGTGGTGGAAC  
CATATATTACGCAGACTCTGTGAAGGGCCGATTCACCATCTCCAGAGACtAT  
GCCAATAACTCACTGTTTCTGCAAATGAACAGCCTGAGAGACGAGGACACG  
GCTGTATATTACTGTGCGAGAGGCCCAGGCTACGATTACGTTTGGGGGAATT  
ATCGCCCGACCCTTTACTTTGACTACTGGGGCCAGGGAACCCTGGTCACCGT  
CTCTCAGGTA

PT28

TGGTTTCCTCTTGTGCTATTTTAAAAGGTGTCCAGTGTGAGGTGCAGCTGGT  
GGAGTCTGGGGGAGGCTTGGTACAGCCTGGGGGGTCCCTGAGACTCTCCTG  
TGCAGCCTCTGGATTACCTTCAGTAACTATTGCATGAACTGGGTCCGCCAG  
GCTCCAGGGAAGGGGCTGGAGTGGGTCTCACGTATTAGTAGTGATGGTAGT  
AATAAATACTATGCATACTCTGTGAAGGGCCGATTCACCATCTCCAGAGAC  
AATTCCAAGAACACGCTGTATCTGCAAATGAACAGGCTGAGAGCCGAGGAC  
ACGGCTGTGTATTACTGTGCGAAAGAT

PT29

GGGTTTTCTCTCGTTGCTCTTTTAAGAGGTGTCCAGTGTTCAGGTGCAGCTGGT  
GGAGTCTGGGGGAGGCGTGGTCCAGCCTGGGAGGTCCCTGAGACTCTCCTG  
TGCAGCGTCTGGATTACCTTCAGTAGTTATGGCATGTACTGGGTCCGCCAG  
GCTCCAGGCAAGGGGCTGGAGTGGGTGGCAGTTATATGGTGTAATGGAAGT  
AAAAAATACTATGCAGACTCAGTGAAGGGCCGATTCACCATCTCCAGAGAC  
AATCCCAAGAATATGGTATGTCTGCAAATGAACAGTCTGAGAGTCGAGGAC  
ACGGGTGTGTATTAATGTGCGAGAGATCCTTTGTGTTTCGGTTGGTGGTAATG  
GCTACAGGCTACTACCACGGTATGGACGTCTGGGGCCAAGGGACCCGGTCA  
CCGTTTCTTCAGGTA

PT30

TATCTTCTTGGTGGCAGCAGCCACAGGAGCCCACTCCCAGGTGCAGCTGGT  
GCAGTCTGGGGCTGAGGTGAAGAAGCCTGGGGCCTCAGTGAAGGTCTCCTG  
CAAGGCTTCTGGATACACCTTCACCGGCTACTATATGCACTGGGTGCGACAG  
GCCCCTGGACAAGGGCTTGAGTGGATGGGATGGATCAACCCTAACAGTGGT  
GGCACAACTATGCACAGAAGTTTCAGGGCAGGGTCACCATGACCAGGGAC  
ACGTCCATCAGCACAGCCTACATGGAGCTGAGCAGGCTGAGATCTGACGAC  
ACGGCCGTGTATTACTGTGCGAGAGATCAATGGTTCGGGATTAATACTTTG  
ACTACTGGGGCCAGGGAACCCTGGTCACCGTCTCCTCAGGTC

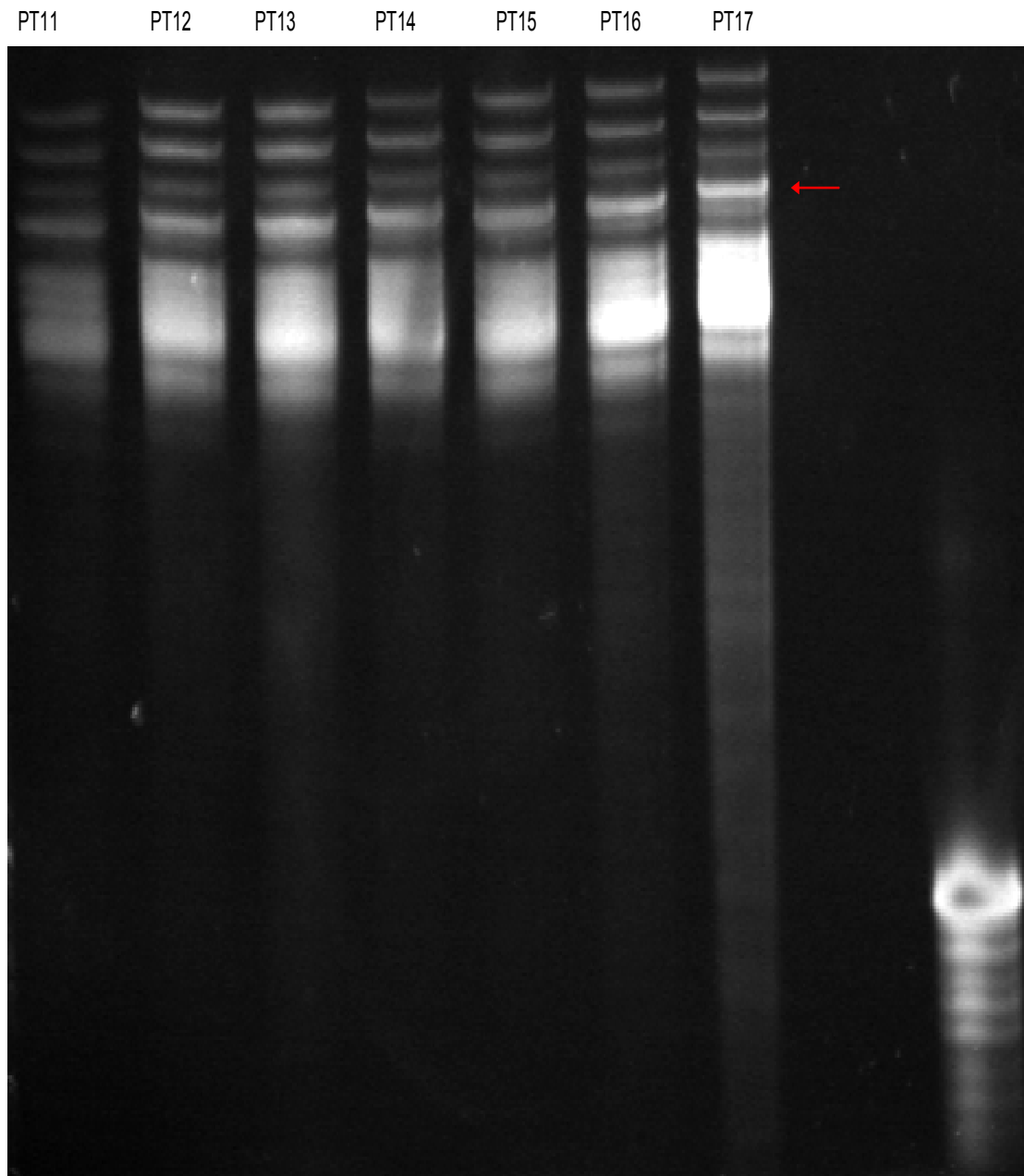
## Appendix D: Summary of patient information.

**Table D.1.** Summary of patient information.

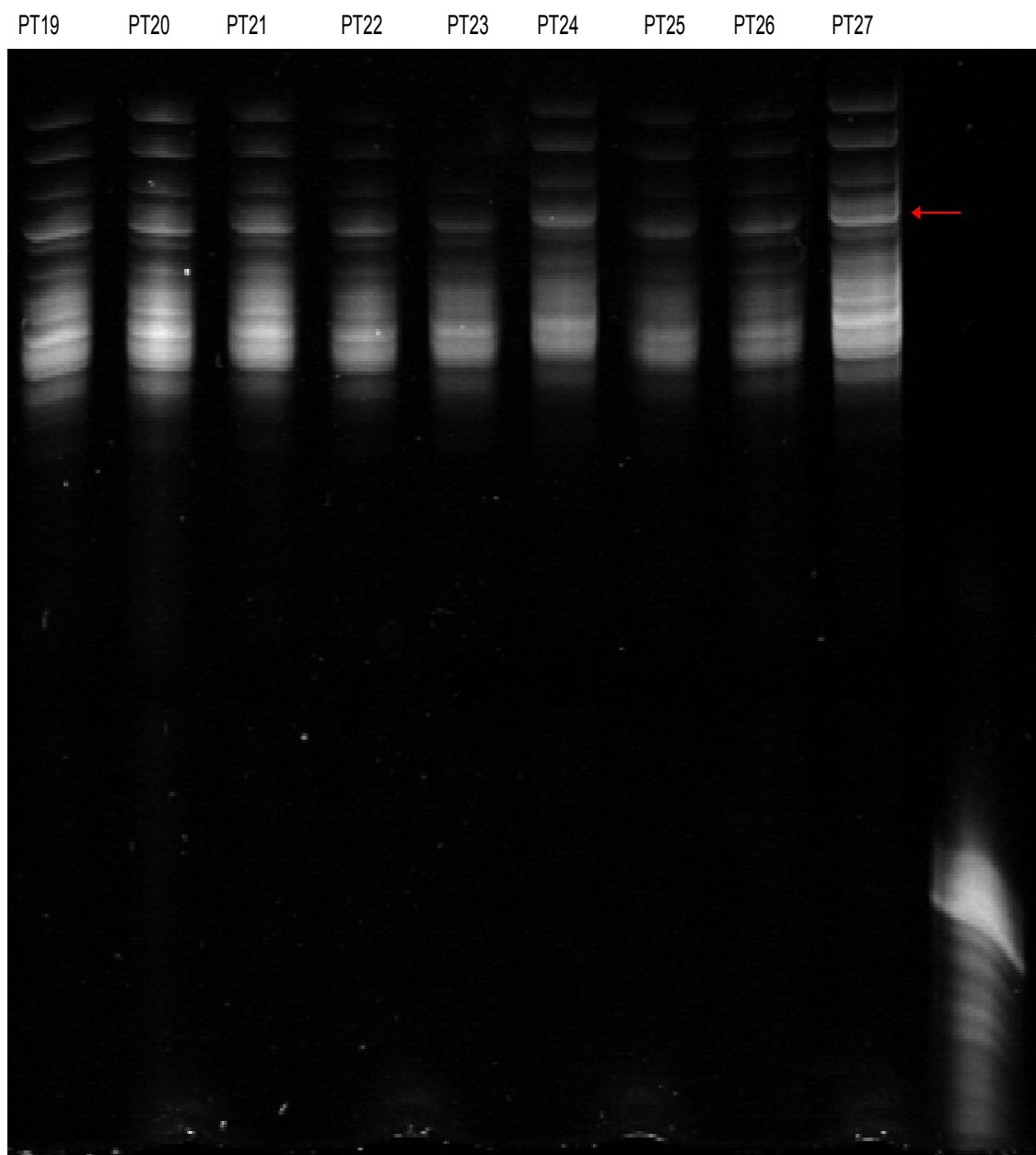
Sample	MS	V <sub>H</sub> family	V <sub>H</sub> gene	% ID	CDR1+CDR2			FR1+FR2+FR3		
					N2	R2/S2	P2	N1	R1/S1	P1
PT1	M	VH4	V4-34	92.02%	10	7/3	0.0698	13	7/6	0.0056
PT2	M	VH5	V5-51	95.83%	3	2/1	0.5143	9	7/2	0.4806
PT3	UM	VH3	V3-74	99.40%	1	1/0	0.1833	1	1/0	0.4291
PT4	UM	VH3	V3-33	100%	0	0/0	0	0	0/0	1.0
PT5	M	VH3	V3-23	94.60%	8	5/3	0.0902	8	3/5	0.001
PT6	M	VH5	V5-51	91.90%	5	5/0	0.0257	7	5/2	0.1538
PT7	UM	VH5	V5-51	99%	1	1/0	0.1767	1	1/0	0.4082
PT8	M	VH3	V3-74	92.52%	9	6/3	0.1479	13	8/5	0.0279
PT9	UM	VH1	V1-69	99.67%	0	0/0	0.5876	1	0/1	0.2101
PT10	M	VH3	V3-11	91.10%	10	8/2	0.1022	18	12/6	0.0581
PT11		V4	-	-	-	-	-	-	-	-
PT12	UM	VH1	VH1-2	100%	0	0/0	0	0	0/0	1.0
PT13	UM	VH1	VH1-69	98.70%	3	3/0	0.00980	1	0/1	0.01536
PT14	M	VH5	VH5-51	97.62%	2	2/0	0.17380	4	4/0	0.32905
PT15	M	VH3	VH3-30	92.80%	9	7/2	0.04432	12	7/5	0.01449
PT16	M	VH5	VH5-51	95.30%	5	4/1	0.03047	6	4/2	0.04111
PT17	UM	VH3	VH3-11	99.32%	1	1/0	0.18247	1	0/1	0.09079
PT18	M	VH4	VH4-34	94.40%	7	6/1	0.03408	9	4/5	0.00609
PT19	M	VH4	VH4-39	93.70%	10	8/2	0.02146	11	8/3	0.000
PT20	M	VH3	VH3-33	96.94%	4	4/0	0.03843	5	4/1	0.22674
PT21	M	VH1	VH1-2	95.92%	8	7/1	0.00130	4	3/1	0.01329
PT22	M	VH4	VH4-28	91.31%	7	7/0	0.02418	17	10/7	0.02874
PT23		VH1	-	-	-	-	-	-	-	-
PT24	M	VH1	VH1-3	97.96%	2	2/0	0.19182	4	1/3	0.02691
PT25	M	VH4	VH4-34	95.50%	3	2/1	0.55921	10	4/6	0.03206
PT26	M	VH3	VH3-9	96.40%	5	4/1	0.02584	5	4/1	0.09563
PT27	M	VH3	VH3-48	96.02%	5	3/2	0.07581	4	3/1	0.05312
PT28	M	VH3	VH3-11	95.92%	8	7/1	0.001	4	4/0	0.05378
PT29	M	VH3	VH3-33	95.24%	6	4/2	0.166	8	6/2	0.13545
PT30	UM	VH1	VH1-2	100%	0	0/0	0	0	0/0	1.0

CDR = complementarity-determining Region; FR = framework region;  
R = number of detected R mutations; S = number of detected S mutations;  
MS= mutational status.

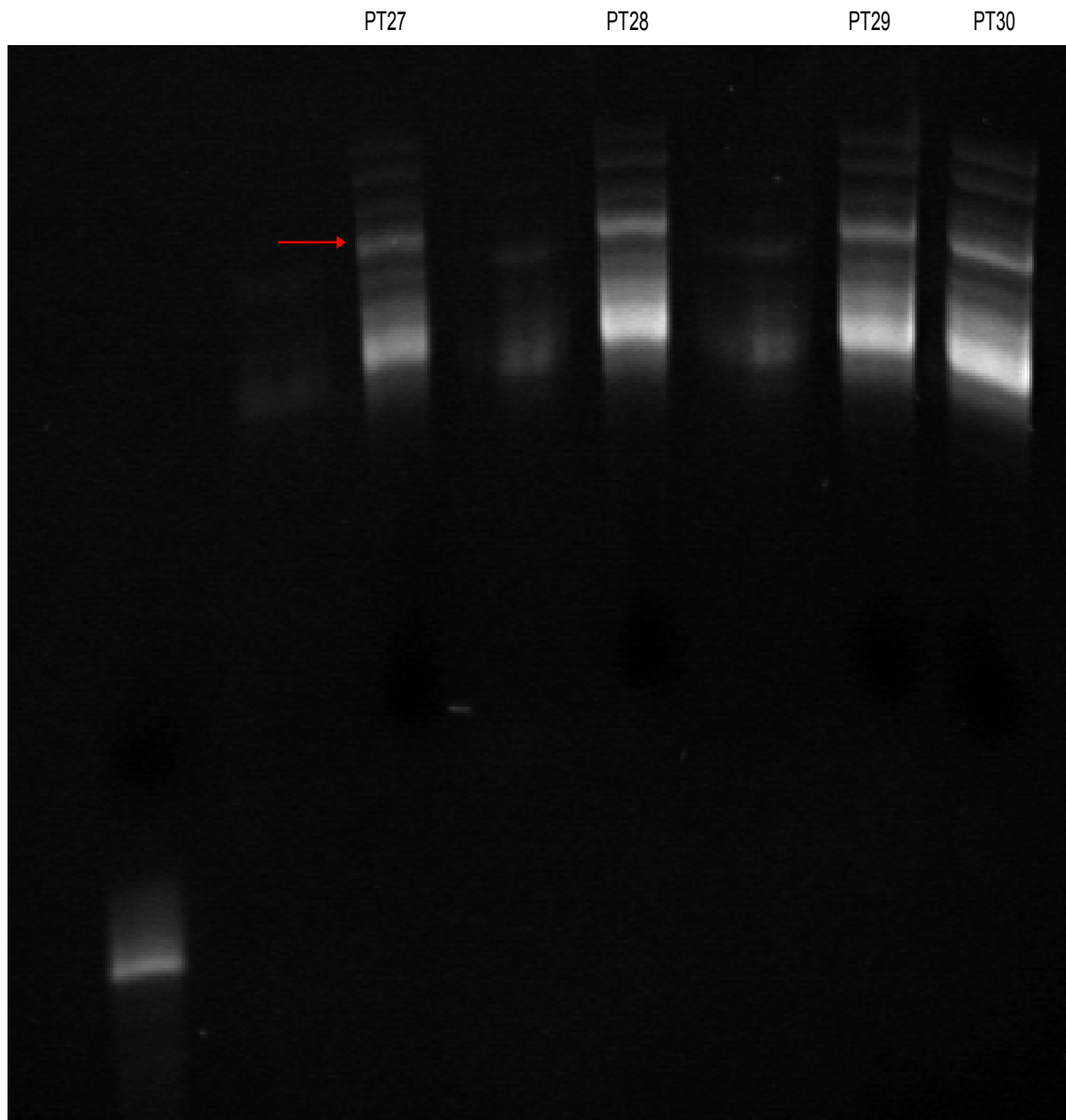
**Appendix E:** Quality of the isolated small RNA.



**Figure E.1.** Quality of the small isolated RNA from PT11-PT17. miRNA concentration of 0.25 $\mu$ g miRNA samples of PT11-PT17 and 0.25 $\mu$ g mir-16 probe analyzed on a 15 % polyacrylamide gel and stained with cybergold.



**Figure E.2.** Quality of the small isolated RNA from PT19-PT27. miRNA concentration of 0.25 $\mu$ g miRNA samples of PT19-PT27 and 0.25 $\mu$ g mir-16 probe analyzed on a 15 % polyacrylamide gel and stained with cybergold.



**Figure E.3.** Quality of the small isolated RNA from PT27-PT30. miRNA concentration of 0.25 $\mu$ g miRNA samples of PT27-PT30 and 0.25 $\mu$ g mir-16 probe analyzed on a 15 % polyacrylamide gel and stained with cybergold.

**Appendix F:** Seventy-two selected miRNAs.

**Table F.1.** Seventy-two miRNAs that are located near B-CLL chromosome aberrations.

<b>Aberration</b>	<b>miRNA</b>	<b>Aberration</b>	<b>miRNA</b>
<b>d6p21</b>	hsa-miR-219	<b>+3q13.33</b>	hsa-mir-198
<b>d6q12.2</b>	hsa-miR-206	<b>+3q25.33</b>	hsa-mir-15b
<b>d6q13</b>	hsa-miR-30c	<b>+3q25.33</b>	hsa-mir-16-2
<b>d6q13</b>	hsa-miR-30a hsa-miR-30a*	<b>+3q28</b>	hsa-mir-28
<b>d11q13</b>	hsa-miR-192 hsa-miR-194-2 hsa-miR-139	<b>+ 8p23.1</b>	hsa-miR-124a-1
<b>d11q23</b>	hsa-miR-34b	<b>+ 8p12.3</b>	hsa-mir-124a-2
<b>d11q23</b>	hsa-miR-34c	<b>+ 8p21.3</b>	hsa-miR-320
<b>d11q24</b>	hsa-miR-125b	<b>+ 8q24.2</b>	hsa-miR-30b
<b>d11q24</b>	hsa-let-7a	<b>+ 8q24.22</b>	hsa-miR-30d
<b>d11q24</b>	hsa-miR-100	<b>+12q13.13</b>	hsa-miR-196-2
<b>d13q14</b>	hsa-miR-16-1	<b>+12q13.31</b>	hsa-miR-200c
<b>d13q14</b>	hsa-mir-15a	<b>+12q13.31</b>	hsa-miR-141
<b>d17p13.3</b>	hsa-miR-22	<b>+12q14.1</b>	hsa-miR-26a-2
<b>d17p13.3</b>	hsa-miR-132	<b>+12q14.2</b>	hsa-let-7i
<b>d17p13.3</b>	hsa-miR-212	<b>+12q23.1</b>	hsa-miR-135-2
<b>d17p13.1</b>	hsa-miR-195	<b>+19q13.2</b>	hsa-miR-199a
<b>d17q11.2</b>	hsa-miR-144		hsa-miR-199a*
<b>d17q11.2</b>	hsa-miR-193	<b>+19q13.2</b>	hsa-miR-24-2
<b>d17q21.32</b>	hsa-miR-152	<b>+19q13.2</b>	hsa-miR-27a
		<b>+19q13.2</b>	hsa-miR-23a



<b>d17q21.32</b>	hsa-miR-10a	<b>+19q13.3</b>	hsa-miR-7-3
<b>d17q21.32</b>	hsa-miR-196-1	<b>+19q13.3</b>	hsa-miR-181c
<b>d17q23.2</b>	hsa-miR-142-5p	<b>+19q13.33</b>	hsa-miR-150
	hsa-miR-142-3p	<b>+19q13.4</b>	let-7e
<b>d17q23.2</b>	hsa-miR-301	<b>+19q13.4</b>	miR-099b
<b>d17q23.2</b>	hsa-miR-21	<b>+19q13.4</b>	miR-125a
<b>d18q 11.2</b>	hsa-miR-133a-1	<b>+19q13.4</b>	miR-hes1
<b>d18q 11.2</b>	hsa-miR-1-2		miR-hes2
			miR-hes3
<b>+3p22.3</b>	hsa-miR-128b		
<b>+3p22.3</b>	hsa-miR-26a-1	<b>t 14q32.31</b>	hsa-miR-127
<b>+3p21.33</b>	hsa-mir-138-1		hsa-miR-136
			hsa-miR-299
			hsa-miR-134
			hsa-miR-154
<b>+3p21.31</b>	hsa-mir-191	<b>t 14q32.33</b>	hsa-miR-203
<b>+3p21.2</b>	hsa-let-7g	<b>t 18q21</b>	hsa-miR-122a
<b>+3p21.2</b>	hsa-mir-135-1		
			72 total

## Appendix G: Thirty selected miRNAs.

**Table G.1.** Selected 30 miRNAs: their mature sequences and DNA oligonucleotide templates

miRNA	miRNA Sequence (Mature)	DNA oligonucleotide for T7 miRNA Probe (+4Ts and 0T)
hsa-miR-194-2	15uguaacagcaacuccaugugga36	Tgtaacagcaactccatgtgga----cctgtctc
hsa-miR-34b	14aggcagugucauuagcugauug35	aggcagtgtcatttagctgattgttttcctgtctc
hsa-miR-125b	15ucccugagaccuaacuuguga36	tccctgagaccctaacttgtga----cctgtctc
hsa-let-7a	5ugagguaguagguuguauagu26	tgaggtagtaggttgtatagtttttcctgtctc
hsa-miR-16-1	14uagcagcacguaaaauuuggcg35	tagcagcacgtaaatattggcg----cctgtctc
hsa-mir-15a	14uagcagcacauaaugguuugug35	tagcagcacataatggtttgtgttttcctgtctc
hsa-miR-22	53aagcugccagugaagaacugu74	Aagctgccagttgaagaactgt----cctgtctc
hsa-miR-132	59uacagucacagccauggucg80	taacagtctacagccatggctgttttcctgtctc
hsa-miR-212	71uacagucuccagucacggcc91	taacagtctccagtcacggcc----cctgtctc
hsa-miR-195	15uagcagcacagaaaauuuggc35	tagcagcacagaaatattggcttttcctgtctc
hsa-miR-133a	54uuggucccucaaccagcugu75	Ttggctcccctcaaccagctgt----cctgtctc
hsa-miR-124a	52uuaaggcacgcggugaaugcca73	ttaaggcacgcgggtgaatgccattttcctgtctc
hsa-miR-320	48aaaagcuggguugagagggcga70	Aaaagctgggttgagagggcga----cctgtctc
hsa-miR-30b	17uguaaacauccuacacucagc37	tgtaaacatcctacactcagcttttcctgtctc
hsa-miR-30d	6uguaaacaucucccgacuggaag27	Tgtaaacatccccgactggaag----cctgtctc
hsa-miR-196-2	25uagguaguuucauguuguuggg46	taggtagtttcatgttgttgggttttcctgtctc
hsa-miR-200c	45aaucugccggguaaugaugga66	Aaactgccgggtaatgatgga----cctgtctc
hsa-miR-141	60aacacugucugguaaagaugg80	aacactgtctggtaaagatgggttttcctgtctc
hsa-miR-26a-2	14uucaaguaauccaggauaggcu35	Ttcaagtaatccaggataggct----cctgtctc
hsa-let-7i	6ugagguaguuguugugcu24	tgaggtagtagtttgtgtcttttcctgtctc
hsa-miR-135-2	23uauaggcuuuuuauuccuauug45	Tatggctttttattcctatgtga----cctgtctc
hsa-miR-122a	15uggagugugacaaugguguuug37	tggagtgtgacaatgggtgtttgttttcctgtctc
hsa-miR-199a	6cccaguguucagacuaccuguu27	Cccagtgttcagactacctgtt----cctgtctc
hsa-miR-24-2	50uggcucaguucagcaggaacag71	tggctcagttcagcaggaacagttttcctgtctc
hsa-miR-27a	51uucacaguggcuaaguuccgcc72	Ttcacagtggctaagtccgcc----cctgtctc
hsa-miR-23a	45aucacauugccagggauuucc65	atcacattgccagggatttccttttcctgtctc
hsa-miR-7-3	31uggaagacuagugauuuuguu51	Tggaagactagtgtattttgtt----cctgtctc
hsa-miR-181c	27aacauucaaccugucggugagu48	aacattcaacctgtcggtgagtttttcctgtctc
let-7e	8ugagguaggagguuguauagu28	Tgaggtaggaggttgtatagt----cctgtctc
miR-125a	15ucccugagaccuuuaaccugu37	tccctgagaccctttaacctgtgttttcctgtctc

**Appendix H:** Eight miRNAs chosen for expression analysis.

**Table H.1.** Eight chosen miRNAs and their target mRNAs.

<b>miRNA</b>	<b>Targets (human)</b>	<b>Function</b>
<b>Deletion 13:</b>		
mir16-1	ENSG00000158796	Death effector Domain-containing protein (FLDED-1), (KE05).
<b>Deletion 11:</b>		
mir-34b	ENSG00000148400	Neurogenic locus notch homolog protein 1recursor (NOTCH 1), (Translocation associated notch protein TAN-1)
mir-125b	ENSG00000126929	HIV-1 inducer of short transcripts binding protein; Lymphoma related factor
	ENSG00000128342	Leukemia inhibitory factor recursor (LIF), (Differentiation stimulating factor), (D factor), (Melanoma derived LPL inhibitor), (MLPLI).
	ENSG00000104081	BCL-2 modifying factor.
<b>Trisomy19:</b>		
mir-181C	ENSG00000169635	Hypermethylated in cancer 2 protein (HIC-2), (HIC-3), (HIC1 related gene on chromosome 22)
mir-125a	ENSG00000116017	Dead ringer like-1 protein (B-cell regulator of IGH transcription), (Bright).
	ENSG00000126929	HIV-1 Inducer of short transcripts binding protein; lymphoma related factor.

ENSG00000128342	Leukemia inhibitory factor precursor (LIF), (Differentiation stimulating factor), (D factor), (Melanoma derived LPL inhibitor)
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**Trisomy12:**

let-7i	ENSG00000169635	Hypermethylated in cancer 2 protein (HIC- 2), (HIC3),(HIC1-related gene on Chromosome 22)
mir196-2	ENSG00000148200	Orphan nuclear receptor NR6A1 (Germ cell nuclear factor), (GCNF),(retinoid receptor related testis specific receptor).
mir26a-2	ENSG00000170365	Mothers against decapentaplegic homolog (SMAD 1), (Mothers against DPP homolog 1), (MAD related protein 1), (Transforming growth factor beta signaling protein 1),(BSP-1), (HSMAD1),(JV4-1).

## Appendix I: Output of SAS and the analysis process.

The following is result of the output of SAS and the analysis process:

### mir-34b

(1) Intensity or expression

**Table I.1.** The expressions of mir-34b in the two groups (UM, M)

Rep	M	UM
1	148019	
2	107395.7	
3	23281.6	
4	66177.7	
5	48349.5	
6	168044.3	
7	29177.4	
8	25258.4	
9		242040.9
10		159247.7
11		142657.1
12		121079.5

(2) The SAS input file

```
data first;
input Rep species$ intensity;
Cards;
1      M      148019
1      M      107395.7
1      M      23281.6
1      M      66177.7
1      M      48349.5
1      M      168044.3
1      M      29177.4
1      M      25258.4
2      UM     242040.9
2      UM     159247.7
2      UM     142657.1
2      UM     121079.5
;
proc ttest;
class species;
var intensity;
title 'T-test using SAS ttest';
```

**Figure I.1.** The SAS input file for mir-34b expression

### (3) The SAS output file

T-test using SAS ttest 10:28 Friday, August 13, 2004 1

The TTEST Procedure									
Statistics									
Variable	patients	N	Mean	Mean	Mean	Std Dev	Std Dev	Std Dev	Std Err
intensity	M	8	28995	76963	124931	37936	57377	116777	20286
intensity	UM	4	82105	166256	250407	29958	52884	197182	26442
intensity	Diff (1-2)		-166E3	-89293	-12793	39175	56067	98393	34334

T-Tests					
Variable	Method	Variances	DF	t Value	Pr >  t
intensity	Pooled	<b>Equal</b>	10	-2.60	<b>0.0265</b>
intensity	Satterthwaite	Unequal	6.59	-2.68	0.0334

Equality of Variances					
Variable	Method	Num DF	Den DF	F Value	Pr > F
intensity	Folded F	7	3	1.18	0.9811

**Figure I.2.** The SAS output file for mir-34b expression

### let-7i

#### (1) Intensity or expression

**Table I.2.** The expressions of let-7i in the two groups (UM, M)

Rep	M	UM
1	638895.5	
2	698378	
3	723402.6	
4	687411.5	
5	744980.2	
6	620563.6	
7	759537.4	
8	774914.3	
9		906091
10		1192292.6
11		1550496.9
12		1516398.9

## (2) The SAS input file

```

data first;
input Rep species$ intensity;
Cards;
1      M      638895.5
1      M      698378
1      M      723402.6
1      M      687411.5
1      M      744980.2
1      M      620563.6
1      M      759537.4
1      M      774914.3
2      UM     906091
2      UM     1192292.6
2      UM     1550496.9
2      UM     1516398.9
;
proc ttest;
    class species;
    var    intensity;
           title 'T-test using SAS ttest';
run;

```

**Figure I.3.** The SAS input file for let-7i expression

## (3) The SAS output file

T-test using SAS ttest									
10:43 Friday, August 13, 2004									
1									
The TTEST Procedure									
Statistics									
Variable	patients	N	Mean	Mean	Mean	Std Dev	Std Dev	Std Dev	Std Err
intensity	M	8	659523	706010	752498	36765	55605	113172	19659
intensity	UM	4	808642	1.29E6	1.77E6	171838	303338	1.13E6	151669
intensity	Diff (1-2)		-821E3	-585E3	-35E4	120553	172535	302788	105656
T-Tests									
Variable	Method	Variances	DF	t Value	Pr >  t				
intensity	Pooled	Equal	10	-5.54	0.0002				
intensity	Satterthwaite	<b>Unequal</b>	3.1	-3.83	<b>0.0296</b>				
Equality of Variances									
Variable	Method	Num DF	Den DF	F Value	Pr > F				
intensity	Folded F	3	7	29.76	0.0005				

**Figure I.4.** The SAS output file for let-7i expression

## mir-26a-2

(1) Intensity or expression

**Table I.3.** The expressions of mir-26a in the two groups (UM, M)

Rep	M	UM
1	4271839.8	
2	5154553.9	
3	2639191	
4	3606797	
5	3216792.2	
6	3688059.3	
7	1894745.6	
8	2793187.3	
9		1421870.9
10		1568594.1
11		1803838.1
12		2179905.6

(2) The SAS input file

```
data first;
input Rep species$ intensity;
Cards;
1      M      4271839.8
1      M      5154553.9
1      M      2639191
1      M      3606797
1      M      3216792.2
1      M      3688059.3
1      M      1894745.6
1      M      2793187.3
2      UM     1421870.9
2      UM     1568594.1
2      UM     1803838.1
2      UM     2179905.6
;
proc ttest;
    class species;
    var    intensity;
    title 'T-test using SAS ttest';
run;
```

**Figure I.5.** The SAS input file for mir-26a expression



### (3) The SAS output file

T-test using SAS ttest    10:56 Friday, August 13, 2004    1

The TTEST Procedure

Statistics Variable	patients	N	Mean	Mean	Mean	Std Dev	Std Dev	Std Dev	Std Err
intensity	M	8	2.56E6	3.41E6	4.26E6	671027	1.01E6	2.07E6	358822
intensity	UM	4	1.22E6	1.74E6	2.27E6	187350	330720	1.23E6	165360
intensity	Diff (1-2)		479930	1.66E6	2.85E6	606650	868235	1.52E6	531683

T-Tests					
Variable	Method	Variances	DF	t Value	Pr >  t
intensity	Pooled	<b>Equal</b>	10	3.13	<b>0.0107</b>
intensity	Satterthwaite	Unequal	9.31	4.21	0.0021

Equality of Variances					
Variable	Method	Num DF	Den DF	F Value	Pr > F
intensity	Folded F	7	3	9.42	0.0924

**Figure I.6.** The SAS output file for mir-26a expression

### mir-16-1

#### (1) Intensity or expression

**Table I.4.** The expressions of mir-16-1 in the two groups (UM, M)

Rep	M	UM
1	11304.2	
2	7078.1	
3	109980.3	
4	143141.8	
5	269461.6	
6	37943.9	
7	7116.5	
8	25721	
9		152280.7
10		256082.4
11		122779.7
12		247899

## (2) The SAS input file

```

data first;
input Rep species$ intensity;
Cards;
1      M      11304.2
1      M      7078.1
1      M      109980.3
1      M      143141.8
1      M      269461.6
1      M      37943.9
1      M      7116.5
1      M      25721
2      UM     152280.7
2      UM     256082.4
2      UM     122779.7
2      UM     247899
;
proc ttest;
    class species;
    var    intensity;
        title 'T-test using SAS ttest';

```

**Figure I.7.** The SAS input file for mir-16-1 expression

## (3) The SAS output file

T-test using SAS ttest			10:59 Friday, August 13, 2004 1						
The TTEST Procedure									
Statistics									
Variable	patients	N	Mean	Mean	Mean	Std Dev	Std Dev	Std Dev	Std Err
intensity	M	8	-1411	76468	154348	61592	93155	189596	32935
intensity	UM	4	87742	194760	301779	38099	67255	250765	33628
intensity	Diff (1-2)		-236E3	-118E3	-667.9	60234	86206	151286	52790
T-Tests									
Variable	Method	Variances	DF	t Value	Pr >  t				
intensity	Pooled	<b>Equal</b>	10	-2.24	<b>0.0489</b>				
intensity	Satterthwaite	Unequal	8.26	-2.51	0.0353				
Equality of Variances									
Variable	Method	Num DF	Den DF	F Value	Pr > F				
intensity	Folded F	7	3	1.92	0.6377				

**Figure I.8.** The SAS output file for mir-16-1 expression

### mir-181c

(1) Intensity or expression

**Table I.5.** The expressions of mir-181c in the two groups (UM, M)

Rep	M	UM
1	328896.6	
2	282554.84	
3	281104	
4	362010.9	
5	371392.2	
6	433773.5	
7	243226.3	
8	407736.9	
9		279577.5
10		255559.8
11		226375.7
12		311634.8

(2) The SAS input file

```
data first;
input Rep species$ intensity;
Cards;
1      M      328896.6
1      M      282554.84
1      M      281104
1      M      362010.9
1      M      371392.2
1      M      433773.5
1      M      243226.3
1      M      407736.9
2      UM     279577.5
2      UM     255559.8
2      UM     226375.7
2      UM     311634.8
;
proc ttest;
class species;
var intensity;
title 'T-test using SAS ttest';
run;
```

**Figure I.9.** The SAS input file for mir-181c expression

### (3) The SAS output file

T-test using SAS ttest 11:01 Friday, August 13, 2004 1

The TTEST Procedure

Statistics

Variable	patients	N	Mean	Mean	Mean	Std Dev	Std Dev	Std Dev	Std Err
intensity	M	8	283114	338837	394560	44069	66653	135656	23565
intensity	UM	4	210731	268287	325843	20491	36171	134866	18086
intensity	Diff (1-2)		-10199	70550	151299	41350	59180	103857	36240

T-Tests

Variable	Method	Variances	DF	t Value	Pr >  t
intensity	Pooled	<b>Equal</b>	10	1.95	<b>0.0802</b>
intensity	Satterthwaite	Unequal	9.77	2.37	0.0395

Equality of Variances

Variable	Method	Num DF	Den DF	F Value	Pr > F
intensity	Folded F	7	3	3.40	0.3432

**Figure I.10.** The SAS output file for mir-181c expression